

**A DISFLUENCY ANALYSIS OF PSYCHOGENIC STUTTERING  
EXPERIENCED BY A PATIENT OF CONVERSION DISORDER IN  
*A DANGEROUS METHOD* MOVIE**

**A THESIS**

**Presented as a Partial Fulfillment of the Requirements for the Attainment of  
a *Sarjana Sastra* Degree in English Language and Literature**



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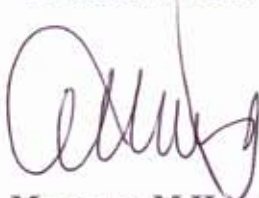
## APPROVAL SHEET

**A DISFLUENCY ANALYSIS OF PSYCHOGENIC STUTTERING  
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**A THESIS**



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Penulis,



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Yogyakarta, 4 April 2013



Anggie Ray Salvatore

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## MOTTOS

キミの夢が叶うのは 誰かのおかげじゃないぜ

*(Kimi no yume ga kanau no wa dareka no okage ja nai ze)*

**Your dreams do not come true because of someone else**

“Sketch Book - Funny Bunny”

自助者天助

*(zì zhù zhě tiān zhù)*

**God will help those who help themselves**

“Chinese Proverb”

**LIFE has no ENCORE  
It's a one-time LIVE  
Move forward!! Endlessly  
SHOW MUST GO ON**

“The Idolmaster - Change”

## DEDICATIONS

*“Because of the mercy of God, I can finish  
this thesis”*

*I proudly dedicate this simple work to Him who never  
leaves nor disappoints me*

*“Thank you very much...”*

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**ABSTRACT**

This study was conducted to observe psychogenic stuttering phenomena in a conversion disorder patient, Sabina Spielrein, the main characters in the movie *A Dangerous Method*. Three objectives of this study are: (1) to identify the types of disfluency, (2) to identify the patterns of disfluency, and (3) to describe the causes of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*.

This study applied a descriptive qualitative method since it emphasized describing the phenomena of psychogenic stuttering in *A Dangerous Method*. However, quantitative data was also used to support the analysis of the data. In this study, the data were collected by two techniques. They are reading and note taking. Furthermore, the referential method was employed to analyze the gathered data. Some procedures in analyzing the data were categorizing, classifying, analyzing, discussing, and reporting the data. Finally, to enhance the trustworthiness of data in study, theory and research triangulations were applied.

This study reveals three findings. In terms of types, there are six types of disfluency, i.e. part-word repetition, whole-word repetition, phrase repetition, sound prolongation, block, and broken word. Among them, the type that does not occur in the data is sound prolongation. The reason why this one does not occur in Sabina's case is that Sabina always uses some pauses and repeats rather than prolongs or lengthens her syllables when she makes a disfluency. Therefore, she always does part-word repetition rather than sound prolongation. In terms of patterns, all patterns of disfluency occur in the data, i.e. substitutions, insertions, deletions, and repetitions. Repetition is the most prominent pattern because it is the simplest pattern of disfluency. Meanwhile, the other patterns have only small occurrences since they need more effort to be used by a stutterer. In terms of causes, the causes of Sabina's disfluency are physical abuse, mental abuse, and neglect. Meanwhile, sexual abuse does not occur in the data. The child abuse that caused Sabina's stuttering is actually the wrong disciplining form to children that makes Sabina live in fear.

Key words: Psychogenic stuttering, Conversion disorder, *A Dangerous Method*

# **CHAPTER I**

## **INTRODUCTION**

### **A. Background of the Problems**

Speaking is one of the ways for people to communicate with others. Everyday human speech production system is doing something incredible: allowing people to take a thought and crystallize it into words so that others can understand what they are thinking. Humboldt (Gentner and Goldin-Meadow, 2003: 3) states that language is the formative organ of thought and held that thought and language are inseparable. In addition, Gentner and Goldin-Meadow (2003: 11) also strengthen that point by giving the statement that language is a powerful mediator of cognition when people speak and much of their lives are spent in language-related activities. Therefore, language is not only indispensable in communication but also inseparable from thought.

Since language and thought are inseparable, there is a combination study between language and thought which is called psycholinguistics. Harley (2001: 174) states that psycholinguistics is a study about mental processes in language use. Hence, psycholinguistics studies the role of the brain in language matters. It includes three matters, i.e. language acquisition, language comprehension, and language production. Language acquisition is the study of mental process to get language itself. Language comprehension is the study about mental process of human to comprehend language. Language production is the study about mental process that enables human to articulate language.

In fact, language production is not a simple process as what people think. Levelt (Ward, 2006: 85) states that the production of a speech passes through three levels: conceptualization, formulation, and articulation. Those levels can be divided into four stages based on Taylor's idea (1990: 99). The first stage is conceiving a message, the second stage is arranging words, the third stage is formulating the structure of a sentence, and the last stage is articulating the sentence. If people fail to pass the stages, either one or more stages, the speech will not be well produced. This well produced speech is called "fluency".

However, all speakers usually make interruptions in the normal flow or "fluency" of speech. Breaks that occur in the flow of speech are called "disfluencies." The speakers are disfluent at times, especially under certain conditions, such as nervousness, stress, fatigue or complexity of language (Hanna 2010: 1). This disfluent phenomenon is caused by either speech errors or speech disorders. One example of speech disorder is stuttering. People, who stutter, generally have more disfluencies and different kinds of disfluencies than other speakers do (Hanna 2010: 3).

The definition of stuttering appears to be confusing since many experts have different perspective in defining it. For example, Ward (2006: 3-4) states "stuttering implicates, in varying degree, the disorder in motor speech, language, and psychological and environmental components." Stuttering usually begins in early childhood when speech and language skills are expanding and other developmental learning is taking place. It occurs most frequently in young children between the ages of 2 and 6 who are developing language. However,



there is a case when the stuttering occurs for the first time in adults after following years of normally fluent speech. This case is called acquired stuttering.

One common form of acquired stuttering is neurogenic. Neurogenic disorders arise from signal problems between the brain and nerves or muscles. In neurogenic stuttering, the brain is unable to coordinate adequately the different components of the speech mechanism. Neurogenic stuttering may also occur following a stroke or other type of brain injury.

On the other hand, the other forms of acquired stuttering are classified as psychogenic or originating in the mind or mental activity of the brain such as thought and reasoning. Whereas at one time the major cause of stuttering was thought to be psychogenic, this type of stuttering is now known to account for only a minority of the individuals who stutter. Although individuals who stutter may develop emotional problems such as fear of meeting new people or speaking on the telephone, these problems often result from stuttering rather than cause the stuttering. Psychogenic stuttering occasionally occurs in individuals who have some types of mental illness or individuals who have experienced severe mental stress or anguish.

One phenomenon of psychogenic stuttering is manifested in a movie entitled *A Dangerous Method*. It tells about Sabina Spielrein, a conversion disorder patient, who begins a new course of treatment with the young Swiss doctor, Carl Jung. Her illness which is formerly known as “Hysteria” is a strong, emotional disturbance that comes from some kind of trauma. This trauma influences her speech and causes her to be a stutterer. Her stuttering is classified

into psychogenic stuttering since psychogenic stuttering is commonly preceded by an emotionally traumatizing event. An example of her stuttering is as follows:

Dr.Jung : When you stopped talking just now,did a thought come into your head?

Sabina : **I**, ya, ya, **I - I don't know...**

(WW/REP/S.01/D.12)

The bold utterance above shows how Sabina faced difficulty in uttering her speech. Sabina, actually has something in her mind but because of her difficulty to express it, she answers with “I don’t know”. The indication that she actually has something in her mind can be seen by the repetition of the word “I”. The repetition of the word “I” is included into the repetition of single-word unit due to the form of repetition that is only a single-word unit.

The researcher thinks that *A Dangerous Method* is interesting to be the object of the research because of three reasons. Firstly, *A Dangerous Method* tells about psychogenic stuttering. This stuttering is the rarest form of fluency problem because most people with developmental stuttering do not have emotional problems. Secondly, the researcher is sure that disfluency in the speech of conversion disorder patients will be different from disfluency in the speech of normal people. Conversion disorder patients must make more mistakes in their speech rather than normal people because of their weaknesses. The last is the uniqueness of the causes experienced by Sabina Spielrein. The causes of psychogenic stuttering are very different with the causes of other stuttering. This uniqueness leads the researcher to analyze the causes of psychogenic stuttering in this movie.

## **B. Focus of the Research**

Obviously, spoken language and written language are not the same (Smith, 2004: 30). Written language is usually well structured and well formed because when people are writing in a way that people speak, it can lead to language sounding strange, unnatural or inappropriate. On the contrary, spoken language is not usually well structured and well formed. This happens because spoken language must pass through three levels — conceptualization, formulation, and articulation in limited time and if people fail to pass the levels, either one or more levels, the spoken language will not be a well-produced one.

As a result, although in spoken language, people want to execute their utterances correctly like in written language, they usually have many mistakes in their speech production. The disruption in speech production will cause in either speech error, such as slip of the tongue and tip of the tongue, or speech disorders like stuttering.

The phenomenon of stuttering is actually common in human life but it is not well understood by the people. They usually make fun of people who stutter by neither making them as a joke nor ill-treating them. Stuttering is actually a form of fluency failure which is the consequence of learned, antecedent, negative emotion. Therefore, it is better to understand the behavioral and emotional components of stuttering in people who stutter rather than making fun about them.

Meanwhile, the phenomenon of stuttering is found not only in natural setting like a real life above but also in unnatural setting, such as a movie or a novel. This is due to the fact that a movie or a novel is believed to be a reflection

of people's everyday life. For instance, a movie entitled *A Dangerous Method* is a movie that reflects the life of a conversion disorder patient namely Sabina Spielrein who has mental problem that influences her utterances. Her utterances, which are mostly in form of bad formed utterances, are called as disfluency or stuttering. The phenomenon of stuttering that occurs because of mental problem is recognized as psychogenic stuttering.

In fact that the phenomenon of psychogenic stuttering is illustrated in the movie entitled *A Dangerous Method*, the researcher takes Sabina Spielrein's bad formed utterances as the object of this study. He focuses on three issues, which are types, patterns, and causes of the psychogenic stuttering experienced by Sabina Spielrein. Since psychogenic stuttering is different from other stuttering due to the influence of the mental problem, the researcher can assume that psychogenic stuttering types, patterns, and causes are different from other stuttering characteristics. Therefore, it is interesting to analyze those characteristics of psychogenic stuttering based on the movie, *A Dangerous Method* to enrich the understanding of the stuttering phenomena. Because those phenomena are included into psycholinguistic study, this analysis is conducted with regard to psycholinguistic perspectives.

### **C. Formulation of the Problems**

In reference to the three research focuses, the following presents the formulation of the problems.

1. What are the types of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*?
2. What are the patterns of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*?
3. What are the causes of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*?

### **D. Objectives of the Research**

With regard to the problems above, the objectives of the study are words below.

1. to identify the types of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*;
2. to document the patterns of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*; and
3. to describe the causes of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*

## **E. Significance of the Research**

Regarding the background and the objectives, this research is hopefully able to bring significance.

### **1. Theoretical significance**

The research findings are expected to enrich the finding of psychogenic stuttering study under the issue of psycholinguistic study. This psychogenic stuttering is an important topic but relies on the fact that this study is still few, the researcher hopes that this research can be used to understand psychogenic stuttering, especially its types, patterns, and causes.

### **2. Practical significance**

The research findings are expected to be useful for the following parties.

#### **a. The readers of this study**

This research can provide clear descriptions and analysis in the psycholinguistics study, particularly that of psychogenic stuttering. It can open the readers' mind on how to accept and treat people with psychogenic stuttering.

#### **b. The students of English Education Department**

Especially, for those who are concerned about linguistics, this research can give some information about disfluency in stuttering phenomenon. That information can also give the linguists some relevant information to find out how the human speech production system works.



## **CHAPTER II**

### **LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK**

This chapter deals with literature review and it is divided into three parts. The first part is the theoretical background, which consists of the theories that were used as guidance in conducting this research. The second part is previous studies, showing some examples of research in the same topic/object. The third part is conceptual framework and analytical construct, which shows how this research was conducted.

#### **A. Theoretical Description**

##### **1. Psycholinguistics**

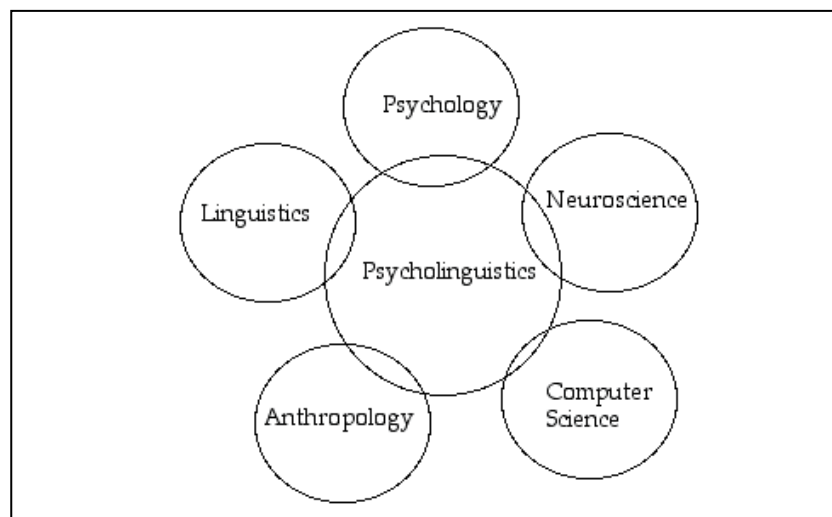
Linguistics is the scientific study of language (Dinneen, 1995: 7). It is a social science that shares common ground with other social sciences such as psychology, anthropology, sociology, and archaeology. It also may influence other disciplines such as communication studies and computer science. Linguistics for the most part can be considered a cognitive science because it is ultimately concerned with how the human brain functions (Dinneen, 1995: 10).

Furthermore, linguistics covers a wide range of topics and those can be divided into two types. The field of phonetics, phonology, morphology, syntax, semantics and pragmatics are considered pure linguistics because those are more theoretical and general. On the other hand, the fields such as sociolinguistics, psycholinguistics, and stylistics are considered as applied linguistics because those are combinations between linguistics and another discipline.

One example of applied linguistics is psycholinguistics. It is a branch of study that combines the disciplines of psychology and linguistics (Lyons, 2002: 85). This study is concerned with the relationship between the human mind and language as it examines the processes that occur in the brain while producing and perceiving both written and spoken discourse. More clearly, O'Grady (1996: 438) states that

“Psycholinguists study how word meaning, sentence meaning, and discourse meaning are computed and represented in the mind. They study how complex words and sentences are composed in speech and how they are broken down into their constituents in the acts of listening and reading. In short, psycholinguists seek to understand how language is done.”

However, psycholinguistics is complicated since it covers several relationships with other fields. Consequently, there are no two psycholinguists who agree on exactly the ground, which it covers.



**Figure 1. Relationship between Psycholinguistics and other disciplines**  
(Lyons, 2002: 86)

For instance, one reason for this disagreement is that psycholinguistics overlaps with a somewhat wider study, sometimes called the psychology of communication, which looks at language alongside other human methods of communication, such as the use of gesture and facial expression (Aitchison, 2003: 132).

However, although there are several human methods of communication, people communicate through two basic human activities: speaking and listening. These are mental activities which deal with the nature of human mind. Speaking and listening ought to reveal something fundamental about the mind and how it deals with perceptions, feelings, and intentions (Clark and Clark, 1997: 3-4). Although those are normally done, those are actually very complex activities (Scovel, 2000: 27). There will be imperfections, sometimes, in doing those activities like mishearing some words and other imperfection phenomena in communication.

Therefore, psycholinguistics is needed to understand some problems in language related to its mental process. The study of psycholinguistics covers how language is acquired and produced by users, how brain works on language, language acquisition, the difference between children language acquisition and language learning, linguistic interference, language development, and the role of motivation in foreign language learning. In other words, it deals with three following major topics: production, comprehension, and acquisition (Aitchison, 2003: 132).

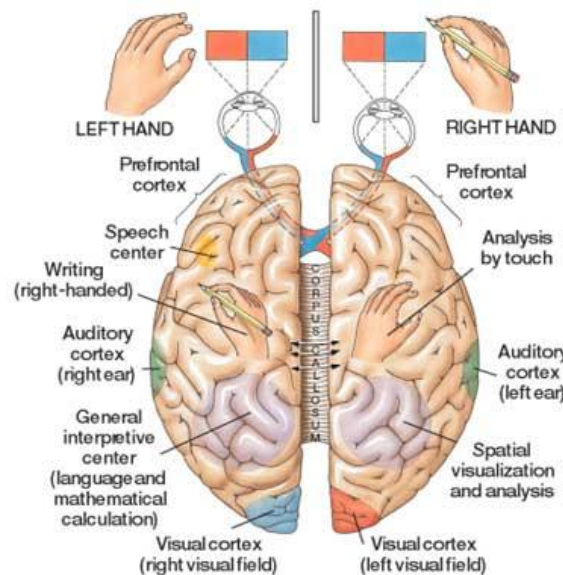
Speech production involves the mental processes in transferring what a speaker has in their mind (meaning or thought) into chains of sounds that are understandable for a listener so that the listener gets what the speaker intends to say. Speech comprehension is the mental process of the building of meaning from sounds. In other words, it denotes what a listener hears from a speaker and how the listener uses what is heard to construct an interpretation that is intended by the speaker. Finally, language acquisition happens since childhood and the language acquired becomes their mother tongue. In fact, acquisition is not the same as language learning in which it usually starts in adulthood or teenage and the language learned becomes their second language (Clark and Clark, 1977: 4).

## **2. Brain Anatomy and Functions**

Human brain is roughly organized like a peach, in that there is a large outer layer (the cerebrum) surrounding an inner kernel (the brainstem), which keeps people alive. The outer layer is extensively folded, and is the source of all intentional thought and movement (Aitchison, 2003: 144). The brain is divided into two halves, the cerebral hemispheres. The left hemisphere controls the right side of the body, and the right hemisphere the left. Therefore, if someone is paralyzed down on the right side of his/her body after a stroke, the stroke affected the left side of his/her brain (Steinberg, 1993: 177).

The hemispheres look roughly similar, but this is an illusion. One of them usually the left hemisphere, is the more powerful dominant hemisphere. This is not only because it controls the right side of the body – and the majority of

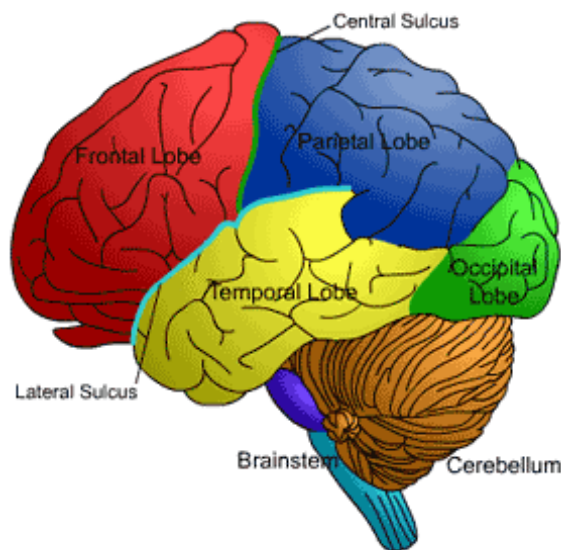
human are right-handed – but also because it normally controls language (Aitchison, 2003: 144). The lack dominance of the left hemisphere is believed to be a factor contributing to speaking problems and to various reading and writing dysfunctions (Steinberg, 1993: 178).



**Figure 2. Brain Hemispheres**

(<http://mindmaple.files.wordpress.com/2012/06/6175-rightleftbrain.jpg>)

Moreover, each hemisphere is divided into four lobes and each lobe contains areas for specialized functions in the brain. They are the occipital lobe, the temporal lobe, the frontal lobe, and the parietal lobe. Functions such as cognition occur in the frontal lobe, general somasthetic sensing in the parietal lobe, hearing in the temporal lobe, and vision in the occipital lobe. The frontal and parietal lobes are very significant in language, especially in speech production (Steinberg, 1993: 177-178).



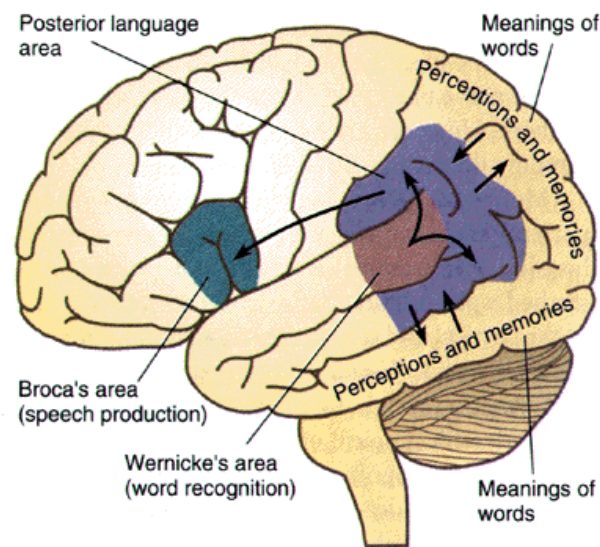
**Figure 3. Lobes of Cerebral Cortex**

(<http://www.allpsychologycareers.com/topics/brain-structure.html>)

The frontal lobe consists of areas to control movements, for instances, the primary motor cortex, the premotor cortex, and a language area which is called the Broca's area to store and program speech production (Taylor, 1990: 264). Pierre Paul Broca, a doctor from France, discovered this area when he found a patient with speech inability (Dardjowidjojo, 2003: 207). Broca's area, cooperating with the motor cortex, controls the movement of the muscles of the speech organ when a speaker wants to talk.

The parietal lobe consists of the primary auditory cortex involved in hearing and a language area called Wernicke's area that is to store and interpret auditory speech (Taylor, 1990: 264). Carl Wernicke, a doctor from Germany, discovered this area after he found a patient who could speak fluently but had no meaning (Dardjowidjojo, 2003: 207). Wernicke's area is involved in the comprehension of words and the selection of words when producing sentences.



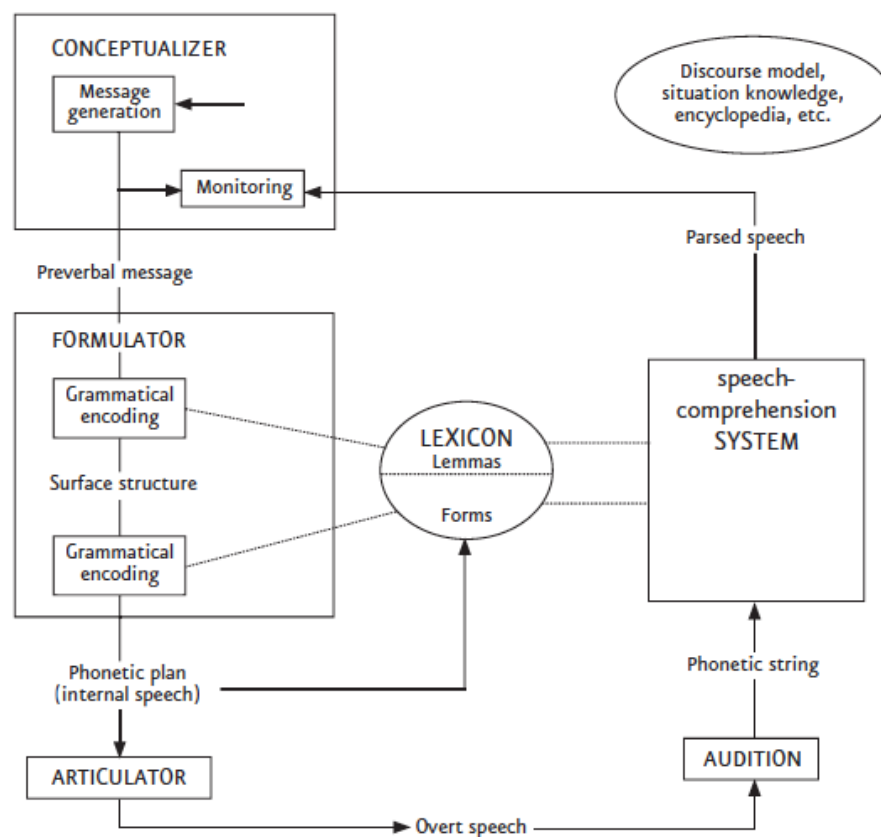


**Figure 4. Broca's and Wernicke's Area**  
 ([http://buquad.com/wp-content/uploads/2010/11/800px-Brain\\_Surface\\_Gyri.SVG.png](http://buquad.com/wp-content/uploads/2010/11/800px-Brain_Surface_Gyri.SVG.png))

Broca's area is known as a part of brain which involves the control of speech, while Wernicke's area is a part of the brain to receive and comprehend sound (Steinberg, 1993: 183). These two areas are interconnected. In speech production, the basic structure of utterance is thought to be generated in Wernicke's area and is sent to Broca's area for encoding, then passed on to the adjacent motor area by the motor program which governs the articulator organs. In addition, people who have problems with speech production, such as agrammatic aphasics, mostly have injuries toward the Broca's area, while those who have problems with comprehension, such as fluent aphasics, have injuries towards the Wernicke's area (Aitchison, 2003: 144).

### 3. Speech Production and Comprehension

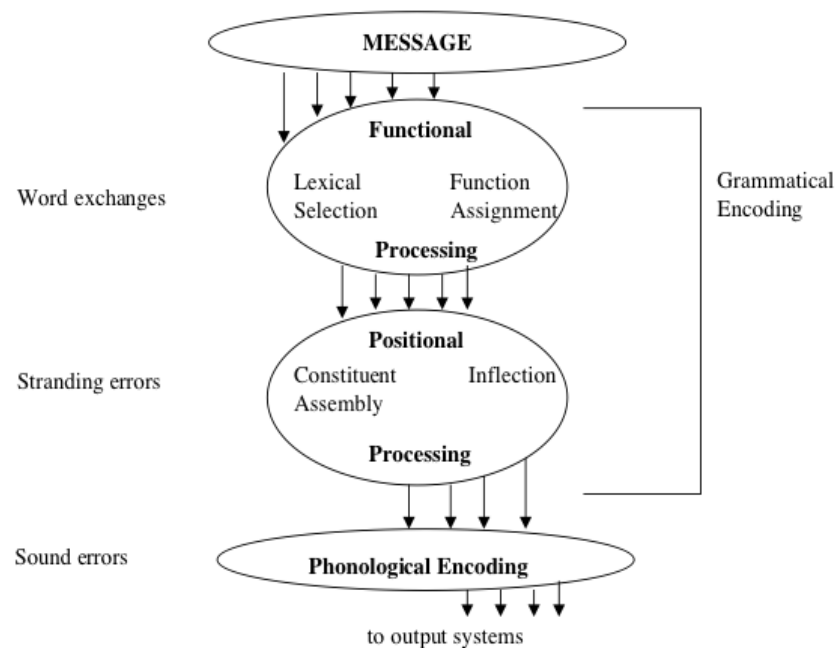
There are two psychological processes of language, which are called speech production and speech comprehension (Steinberg, 1993: 183). Steinberg states that human have minds and they are the means for producing and comprehending speech. Therefore, when human learn language, they will record the system or rules of the language in their speech production. They cannot produce utterances without knowing the idea or message they intend to say. Speech production starts after speech comprehension is finished. However, speech comprehension is not always followed by speech production; people sometimes only comprehend or think without any intention to speak.



**Figure 5. Levelt's Model of Speech Production**  
(O'Grady, 1996: 459)

Producing language is not a simple process to do. Figure 5 is currently the most influential model of speech production and is based on a wide array of psycholinguistic results. It shows that speech production begins in the Conceptualizer, in which a message is formed. The message is then given linguistic form in the Formulator. Thus, Formulator contains grammatical and phonological processes and draws upon the lexicon. From the Formulator, information is passed to the Articulator, which actually produces the utterance (O'Grady, 1996: 459).

Furthermore, Taylor (1990: 99) explains that speech production may commonly involve at least some stages of cognitive activities. The first activity is conceiving a message. The next is arranging words. The third activity is formulating the structure of a sentence. This is a process of grammatical encoding, which is the selection of semantically appropriate lexical items and the generation of syntactic frames (noun, verb, adjective, etc). The last activity is articulating the sentence, involving the retrieval of a phonetic plan, as well as the initiation and execution of articulation. The speaker may also keep in portion what has been conceived in working memory before outputting it and monitor how the conceived sentence works as its output.



**Figure 6. Speech Production and Speech Errors**  
(Lyons, 2000: 120)

Figure 6 demonstrates that some errors can occur in some stages of cognitive activities. To be exact, those errors can be divided into three main errors: word exchanges, stranding error, and sound error. The first error that usually occurs in cognitive activities is word exchange. It occurs in functional processing when the speaker chooses the wrong word in his or her mind. On the other hand, stranding error also occurs in grammatical encoding like wrong exchange. However, this error occurs in positional processing when the speaker fails to construct a good sentence. Meanwhile, sound error is the last error in cognitive activities. It occurs in phonological encoding, when the speaker makes a wrong sound. In fact, those three errors can occur in everyone's speech production.

#### **4. Speech Disorder**

Speech production is actually a complex process even though it seems easy since everyone can do it with neither significant effort nor difficulty. People usually realize its complexity after experiencing difficulty in speaking which is caused by many factors such as speech disorders.

According to Lanier (2010: 9), speech disorder can be categorized into three: articulation disorders, voice disorders, and fluency disorders. Articulation disorders are related to the formation of word articulations. This usually happens due to the imperfect condition of the articulatory programs such as lips, tongue, and teeth. The second type, voice disorders are about the quality, pitch, and loudness of the voice. They usually happen due to a certain abnormal condition of the larynx, an articulator of which its function deals with the human voice. Finally, the last one, fluency disorders are related to the smoothness or rhythm of the speech. When speaking, the sufferers usually hesitate, repeat some words, and prolong some sounds (Lanier, 2010: 10). Cluttering and stuttering are common examples of fluency disorders.

##### **a. Cluttering**

Cluttering is a disorder of fluency characterized by two strands of breakdown: those relating to motor speech and those relating to linguistic variables (Silverman, 2004: 136). It has received less coverage in the literature than stuttering, and is comparatively poorly understood. Typically, speech is characterized by fast bursts of jerky speech which may also sound slurred and misarticulated. In addition, language may be poorly organized with evidence of

poor word finding together with an excessive number of revised sentences, restarts and filler words and phrases. Unlike stuttering, cluttering is characterized by a lack of concern and awareness on behalf of the speaker (Ward, 2006: 4).

The essential feature of cluttering is a disturbance of fluency involving an abnormally *rapid rate* and *erratic rhythm* of speech that impedes *intelligibility* (Silverman, 2004: 136). Faulty phrasing patterns are usually present so that there are bursts of speech consisting of groups of words that are not related to the grammatical structure of the sentence. The affected person is usually *unaware* of any communication impairment (Silverman, 2004: 138).

A person who clutters will exhibit at least one disturbance in each of the five dimensions. Those dimensions can be divided in terms of cognitive development, language, conversation, speech, and motor movement. Firstly, a clutterer has total lack of awareness of cluttering, poor attention span, poor auditory memory in term of cognitive development. Secondly, in term of language, he/she has expressive & receptive difficulties, poor reading, little interest in music or literature. Thirdly, he/she also has poor turn-taking when introducing, maintaining, and ending a conversation. Moreover, when speaking, a clutterer usually has irregular rates, accelerations, sporadic bursts, variable intensity, and poor rhythm. Finally, he/she usually is clumsy and uncoordinated because of impulsive motor movements.

There are several differences between a clutterer and a stutterer (St. Louis et al., 2007: 367). Stutterers know what they want to say but are interfered in their attempt to produce various words, whereas clutterers do not necessarily know all

of what they want to say, or how, but say it anyway (St. Louis et al., 2007: 368). In cluttering, fluency breaks are not those typically produced by individuals who stutter (i.e., part-word repetitions, monosyllabic word repetition, and dysrhythmic phonations), but rather take the form of interjections, unfinished words, revisions, and repetitions (St. Louis et al., 2007 : 370). In addition, a clutterer is not likely to associate fear or avoidance with specific sounds or words.

### **b. Stuttering**

Stuttering is a speech disorder in which fluency is disrupted by repetitions and prolongations in syllables, sounds, and words (Sleeper, 2007: 69). An individual who stutters often has difficulty starting words. Normal speech production is a complicated process that requires the brain to coordinate a number of muscles in a precise manner, including those involved in respiration, vocalization, and articulation (involving the throat, palate, tongue, lips, and teeth). The brain regulates these muscles by processing sensory feedback that comes from hearing and touch. It is believed that stuttering occurs when there are disruptions in the way that the brain coordinates the various components necessary for the production of speech (Sleeper, 2007: 70).

According to Sleeper (2007: 70), there are three classes of stuttering: developmental, neurogenic, and psychogenic. Developmental stuttering begins in childhood and may persist into adulthood. It has been hypothesized that this form of stuttering occurs when the child's speech/language ability lags behind the child's verbal needs. These children appear to be stuck as they struggle to find and form the proper words to express their thoughts. Neurogenic, by definition, refers

to conditions pertaining to the brain and nerves. Neurogenic stuttering occurs because of signaling problems between the brain and nerves and the muscles required to execute speech, leaving the brain unable to coordinate the components required for fluid speech. In contrast, psychogenic stuttering has no known underlying abnormalities in the brain and is believed to originate in the mind during thought or emotional processing. This form of stuttering occasionally develops in people with mental illness or following extreme cases of mental stress. Generally, neurogenic and psychogenic stuttering combine into one class which is commonly known as acquired stuttering (Ward, 2006: 332-337).

### **1) Developmental Stuttering**

Developmental stuttering is a disorder of childhood and follows a predictable developmental path (Bloodstein, 1995: 105). Developmental stuttering is by far the most common type of stuttering. A stutterer commonly has a case history in his/her past. Parents of stutterers report that, initially, their children are disfluent in a highly episodic pattern. Days, weeks, or months may pass between episodes of disfluent speech. Eventually, these periods of fluency become more brief, and the disfluency becomes chronic in nature. More parents are also at a loss to explain any specific conditions that might account for the initiation of the disfluent behavior.

Speech characteristics also follow a developmental track. Bloodstein (1995: 107) reports that the relatively simple whole word and sound repetitions that dominate early stuttering give way to more complicated patterns as the disorder evolves. Disfluencies themselves shift from function words such as



prepositions, pronouns, and conjunctions to content words like verbs and nouns. The covert, internal reactions of the speaker also go through an evolutionary process from little overt reaction to disfluency, through self-identification as a stutterer to the eventual strong emotional reactions, fear, and embarrassment of the untreated, fully developed stutterer.

On a more internal or covert level stutterers often have internalized a belief system about communication that varies from the perceptions of other speakers. Normal speech is a mystery to them. As they grow, they develop life styles designed to specific, preidentified speaking situations in which disfluency is expected. However, although stutterers evidence specific fear or anxiety reactions toward speech, their personalities are not markedly different from others (Bloodstein, 1995: 109).

## **2) Acquired Stuttering**

Acquired stuttering is a disorder characterized by stuttering-like disfluencies which appear gradually or suddenly in mostly adult patients who have no previous history of stuttering. It rarely occurs in children and contrasts with developmental stuttering which normally has its onset between the age of 2 and 6 years (Bloodstein, 1995: 110). Acquired stuttering can be differentiated in a neurogenic and a psychogenic form. Neurogenic stuttering typically occurs in adults following stroke, traumatic brain injury or neurodegenerative disease. It has also been described following epilepsy, encephalitis, use of medication and other disorders that might affect brain function. In contrast, psychogenic stuttering most likely appears as a consequence of an emotional or psychological trauma and has

been characterized as a conversion reaction. It often co-occurs with nonorganic somatic complaints, which may raise a suspicion of neurologic disease and thus complicate the differential diagnosis between neurogenic and psychogenic stuttering (Theys, 2009: 428).

#### **a) Neurogenic Stuttering**

Generally, neurogenic stuttering is observed in adults who have undergone confirmed brain damage. The cause of neurogenic stuttering can be varied. Most commonly, it arises from brain damage associated with stroke, but other causes include brain tumor, progressive supranuclear palsy, traumatic brain injury, Alzheimer's disease, Parkinson's disease, drug usage, and renal dialysis. Therefore, neurogenic stuttering has been labeled variously as "stuttering secondary to brain damage" and "cortical stuttering."

#### **b) Psychogenic Stuttering**

Psychogenic stuttering occurs when thought and reasoning are affected. This type of stuttering usually occurs in people who have gone through severe mental stress or anguish. Psychogenic stuttering usually involves stuttering on the first syllable of a word or the stressed syllable within the word (Silverman, 2004: 144). There are no signs of any brain damage in a person who suffers from psychogenic stuttering.

Psychogenic disfluency may be grouped into three categories: emotionally based disfluency, manipulative disfluency, and malingering. According to Duffy (2005: 68), emotionally based disfluency is the disfluency that happens because of the stutterers' emotion. Sometimes it is considered as the

true psychogenic stuttering. Meanwhile, manipulative disfluency and malingering are the behaviors of an individual who either feigns mental illness or greatly exaggerates his symptoms for the purpose of receiving some type of external benefit.

In fact, emotionally based disfluencies commonly happen rather than manipulative disfluency and malingering as documented phenomena. In emotionally based disfluency, an identifiable personal crisis and sudden onset of symptoms in otherwise fluent speakers are the most characteristics of this type of disfluency (Duffy, 2005: 69).

## **5. Disfluency Analysis**

Silverman (2004: 153) states that everyone has ever done disfluencies in his/her utterances. However, from one person to another, they are not usually the same. In fact, those disfluencies can be categorized as normal, ambiguous, or abnormal ones. The normal disfluency refers to the kinds of disfluency that are usually done by normal people. Meanwhile, the abnormal disfluency refers to the kinds of disfluency that are usually done by stutterers. Therefore, each of them has different types. In addition, ambiguous disfluency refers to the kinds of disfluency that can be done by normal people or stutterers.

Thus, Silverman (2004: 153-154) states that the most common types of normal disfluency are: hesitations or long pauses for language formulation, word fillers, also known as “filled pauses”, and non-word fillers, sometimes called interjections. The most common types of ambiguous disfluency are whole-word

repetitions and phrase repetitions. Meanwhile, the most common types of abnormal disfluency or stutterings are part-word or sound/syllable repetitions, prolongations, blockages and any of the above categories when accompanied by decidedly greater than average duration, effort, tension, or struggle.

On the other hand, although the term disfluency does not necessarily imply abnormality, it is often used synonymously with stuttering and interchangeably with dysfluency. Clinicians often use disfluency to refer to stuttering for a number of reasons, including: (a) assuming it is perceived by clients to be, connotatively, a less negative term than stuttering, (b) believing it sounds more scientific or objective than stuttering, or (c) regarding it to be synonymous with stuttering. There is little empirical or logical support for any of these assumptions. Clinical researchers occasionally prefer the term disfluency to stuttering because they find it easier to make reliable judgments of all disfluencies than only those further judged to be stuttering.

#### **a. Disfluency Types**

Disfluency is often categorized by types. Hedge and Davis (in Shipley, 2005: 348) states that the disfluency types that are most typically associated with a stuttering disorder are part-word repetition, whole-word repetition, phrase repetition, sound prolongation, silent pauses (block), and broken word. Because those types are actually in line with another theory of disfluency types, such as Silverman's theory, Hedges and Davies' theory is chosen as the basic theory of this disfluency type, which presented in Table 1.

**Table 1. Types of Disfluency**

No	Types of Disfluency	Definition	Example
1	Part-word repetition	The stutterer repeats a part of word in his/her utterance.	Look at the <b>buh-buh-ba-baby</b>
2	Whole-word repetition	The stutterer repeats a word in his/her utterance.	This is a <b>better-better</b> solution
3	Phrase repetition	The stutterer repeats a phrase or a group of words in his/her utterance.	<b>This is a—this is a</b> problem
4	Sound prolongation	The stutterer produces producing a speech in which the unit of speaking is unnaturally prolonged or lengthened.	<b>Sssssssometimes</b> we stay home
5	Block	The stutterer has a complete stop of speech which is caused by inappropriate cessation of both sound and air	Give me a glass ( <b>3-sec pause</b> ) of water
6	Broken word	The stutterer experiences some interruptions of word without any effort of completion by retracing and correcting them.	I / <b>hæ-</b> / a dream

### 1) Repetition

Repetition is the type of disfluency when a unit of speech is uncommonly repeated once or many times. According to Hedge and Davis (in Shipley, 2005: 350), the unit of speech can be in the forms of a single sound, a syllable, a word, a phrase, and a group of words. Therefore, Hedge and Davis categorize this type of disfluency into three types of repetition: part-word repetition, whole-word

repetition, and phrase repetition. The explanation of those types of repetition will be explained as follows.

a) Part-word Repetition

Part-word repetition is a repetition on some parts of word rather than a whole of word when someone makes disfluency in his/her utterances. This type mostly occurs in stutterers rather than normal people. Therefore, this repetition is a remarkable disfluency that distinguishes between the disfluency of normal people and stutterers (Shipley, 2005: 352).

Like clearly shown in Table 1, the utterance “*Look at the **buh-buh-ba-baby***” is a brief example of part-word repetition. The stutterer repeats the part-word or syllable “*ba-*” from the word “*baby*”. That is why, the part-word repetition is only a repetition of a syllable and it cannot be found in higher forms than a syllable.

b) Whole-word Repetition

Whole-word repetition is a repetition of a single word rather than a part of word or multiple words when someone makes disfluency in his/her utterances. This kind of disfluency also occurs in normal people’s disfluency. Therefore, this repetition is an ambiguous disfluency that can be found in the disfluency of a normal person and a stutterer. Furthermore, like clearly shown in Table 1, the whole-word repetition is also called as the repetition of a single word because that repetition covers the whole of the word (Shipley, 2005: 356).

### c) Phrase Repetition

According to Hedge and Davis (in Shipley, 2005: 358), phrase repetition is a repetition of a group of words with or without a finite verb. Therefore, the definition of phrase in phrase repetition is different from the definition of a normal phrase. All of a group of words including a sentence can be called as a phrase. It happened because Hedge and Davis think that a sentence and a phrase have similar patterns and functions in this phenomenon.

### 2) Sound Prolongation

Prolongation is a phenomenon in producing a speech in which the unit of speaking is unnaturally prolonged or lengthened. The prolonged unit is usually the first sound of a syllable or word. It happens when the articulator is unable to move from the position of the first sound into the next one. Therefore, the prolonged unit is unstoppable, so that it becomes a single continuant long sound. For instance, a stutterer is having a difficulty moving from the 's' in 'save' to the remaining sound in the word. He finally is able to pronounce the sound /s/ after some time. The needed time is different from one stuttering person to another. What they usually say when making prolongation is, like clearly shown in Table 1 "**Sssssssometimes** we stay home".

### 3) Block

Block is a complete stop of speech which is caused by inappropriate cessation of both sound and air. In other words, block is a condition in which people are totally unable to utter any sounds although they have had an intention to speak. According to Hedge and Davis (in Shipley, 2005: 360), block is

sometimes confused with pause. In fact, the stops in blocking and pause are different. In blocking, there is something like a huge force coming from the inside which is not there in pause. That is why, block is usually accompanied with body gestures which are as if to force that thing out.

#### 4) Broken Word

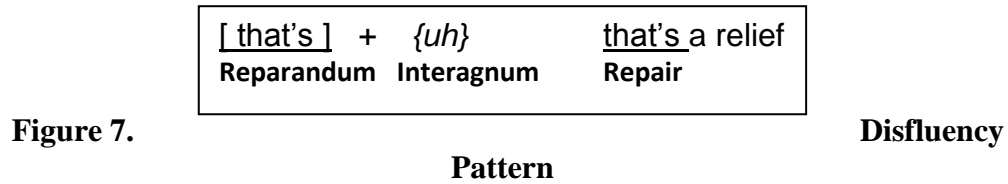
Broken word is when stuttering people experience some interruptions of words without any effort of completion by retracing and correcting them. In fact, this does not occur too often since people, either normal or stuttering, are aware of what they say so that when they feel that their speech is either incomplete or wrong, they usually retrace and correct it.

According to Shipley (2005: 362), there are four errors that are included into broken words. Those are phonological, morphological, lexical, and syntactical errors. Phonological error refers to the error when the stutterer makes a sound. Morphological error refers to the error when the stutterer fails to construct a word. Lexical error refers to the error when the stutterer fails to choose a correct word. Meanwhile, syntactical error refers to the error when the stutterer fails build a correct sentence.

### **b. Disfluency Patterns**

Generally, abnormal disfluency patterns are not different from normal disfluency patterns. According to Lickley (2002: 82), every disfluency has a pattern that consists of the reparandum, interagnum, and repair. The pattern of disfluency based on Lickley's theory is described in the following figure.





Lickley (2002: 82) states that reparandum is a word, fragment, or string that occurs before an interagnum. Interagnum is the hesitation between reparandum and repair. This part can be in form of silent pauses or filled pauses and in some cases, this part does not occur. Meanwhile, repair is the part after the interagnum. In addition, the kinds of each disfluency pattern based on Lickley's theory are presented in Table 2.

**Table 2. Patterns of Disfluency**

No	Patterns of Disfluency	Example	Explanation
1	Substitution	I don't suppose you've got <u>[the balloons]</u> <u>the baboons</u>	The word “the baboons” substitutes the word “the balloons”.
2	Insertion	<u>[Just]</u> <u>I'm just</u> to the east of it	The word “I’m” is inserted before the word “just”.
3	Deletion	<u>[You're away f-]</u> right see the wee bit that's jutting out?	There is no repair and the reparandum “you're away f-” restarts without repeating or directly substituting any word or structural unit.
4	Repetition	<u>[Just]</u> ehm <u>just</u> about an inch above the starting cross	The word “just” is repeated after the interagnum “ehm”.

(Lickley, 2002: 83)

### 1) Substitution

This disfluency pattern occurs when a word, fragment, or string in “repair” replaces a word, fragment, or string in “reparandum” and its replacement shares syntactic features. For instance, like clearly shown in Table 2, the utterance “I don't suppose you've got [**the balloons**] **the baboons**” is a brief example of the substitution pattern. The words “**the baboons**”, which are called a repair substitute [***the balloons***], which are called as the reparandum. The pattern when a repair occurs as the substitution of a reparandum is called a substitution pattern.

### 2) Insertion

This disfluency pattern occurs when a word, fragment, or string in “repair” repeats a word, fragment, or string in “reparandum” with a word or words inserted before or within the repetition. For instance, like clearly shown in Table 2, the utterance “[**Just**] **I'm just** to the east of it” is a brief example of the insertion pattern. The process in which the words “I’m” inserted before the word “just” is called insertion pattern.

### 3) Deletion

This disfluency pattern occurs when a word, fragment, or string in “repair” restarts a word, fragment, or string in “reparandum” without repeating or directly substituting any word or structural unit. For instance, like clearly shown in Table 2, the utterance “[**You're away f-**] right see the wee bit that's jutting out?” is a brief example of the deletion pattern. There is no repair and the reparandum “[**You're away f-**]” restarts without repeating or directly substituting

any word or structural unit of that reparandum. Therefore, the deletion pattern is the only pattern that can be recognized by the loss of the repair part.

#### 4) Repetition

This disfluency pattern occurs when a word, fragment, or string in “repair” repeats exactly the same word, fragment, or string in “reparandum” with no addition or deletion. For instance, like clearly shown in Table 2, the utterance “[**Just**] *ehm* **just** about an inch above the starting cross” is a brief example of the substitution pattern. The speaker repeats the word “just” with exactly the same word after making a filled pause in his or her utterance. Therefore, the repetition pattern is the only pattern that can be recognized by the similarity between its repair and reparandum. In addition, according to Lickley (2002: 112), the repetition pattern is the simplest one because the speaker does not need to use his or her mind too much.

#### c. Disfluency Causes

Psychogenic stuttering occurs as a result of emotional trauma, a stressful event, or series of events. Psychogenic stuttering may also occur as a psychological reaction to physical trauma (Ward, 2006: 335). One of the physical trauma that usually becomes the traumatic event for human, especially women is called ‘Hysteria’ or ‘Conversion Disorder’. It can happen because of a child abuse at a very young age when the child is at a particularly vulnerable stage in his/her psychosexual development, socio-cultural maturation and physical, emotional and cognitive development. As a result, the child abuse that happened

in Sabina's childhood is potentially the cause of Sabina's psychogenic stuttering in her adulthood.

According to Peterson (2003: 101), the four main types of child abuse are physical abuse, sexual abuse, psychological abuse, and neglect.

#### 1) Physical abuse

Physical abuse involves physical aggression directed at a child by an adult. Most nations with child-abuse laws consider the deliberate infliction of serious injuries, or actions that place the child at obvious risk of serious injury or death, to be illegal. Beyond this, there is considerable variation. The distinction between child discipline and abuse is often poorly defined. Many physically abusive parents insist that their actions are simply forms of discipline. It is the way to make children learn to behave. However, there is a big difference between using physical punishment to discipline and physical abuse. The point of disciplining children is to teach them right from wrong, not to make them live in fear.

#### 2) Mental abuse

Out of all the possible forms of abuse, mental abuse is the hardest to define. However, Peterson (2003: 205) states that the easy way to recognize mental abuse is by analyzing the psychology of the children. Even, the other kinds of abuse, such as physical or sexual abuse can be the cause of the mental abuse if that abuse affects the personality of the children.

Victims of mental abuse may react by distancing themselves from the abuser, internalizing the abusive words, or fighting back by insulting the abuser. Mental abuse can result in abnormal or disrupted attachment development, a

tendency for victims to blame themselves (self-blame) for the abuse, learned helplessness, and overly passive behavior.

### 3) Sexual abuse

Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation. The Third National Incidence Study of Child Abuse and Neglect revealed that girls experienced sexual abuse at more than three times the rate that boys did (Salter, 1995: 46). Approximately 20% of women (1 in 5), and 5-10% of men (1 in 10) have been sexually abused as children. The peak age of vulnerability is between 7 to 13 years of age, but children older and much younger have been abused (Peterson, 2003: 210).

Why does sexual abuse happen more to girls? Two possible explanations have been offered, but neither completely explains it. One explanation is male dominance of women. In this framework, men are described as the abusers of women and girls, especially within the family. Research has in fact demonstrated that sexual abusers are dominated by male, and the majority of victims is female. However, this does not explain all sexual abuses. There are male victims and female perpetrators too. Therefore, male dominance of women does not completely explain these findings (Peterson, 2003: 213).

Access is another possible explanation for the sex difference in sexual abuse rates. Girls are most likely to be abused by family members, especially stepfathers, while boys are more likely to be abused outside the family. Girls may be more vulnerable to sexual abuse because the people most likely to abuse them

are right in their homes. For girls, approximately half of perpetrators are family members; for boys only 10 to 20% are. While fathers and stepfathers are the most likely to abuse, other family members can also be abusive including brothers, uncles, grandfathers and “friends of the family.”

#### 4) Neglect

Child neglect is the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm. Some of the observable signs in a neglected child include: the child is frequently absent from school, begs or steals food or money, lacks needed medical and dental care, is consistently dirty, and lacks sufficient clothing for the weather.

Besides, parents or other people with responsibility for the child sometimes think that they only need to provide their child with child physical basic needs, such as food and clothing. However, they forget to provide child mental basic needs, such as care and love. This problem is also categorized as child neglect.

As the result, neglected children may experience delays in physical and psychosocial development, possibly resulting in psychopathology and impaired neuropsychological functions including executive function, attention, processing speed, language, memory and social skills.

## **6. Conversion Disorder**

In reference to Covington's statement (2003: 57), the impact of abuse on a child's basic sense of trust, the way they experience intimacy and the resultant confusion over sex, love and relationships have been well documented by Sabina Spielrein's memory. Negative intimacy and traumatic sexualization, shame, guilt, self-loathing and self-destruction, sexual dysfunction, sexual identity disorders and serious psychiatric disorders related to sexual trauma are the problems that causes her disfluency in talk.

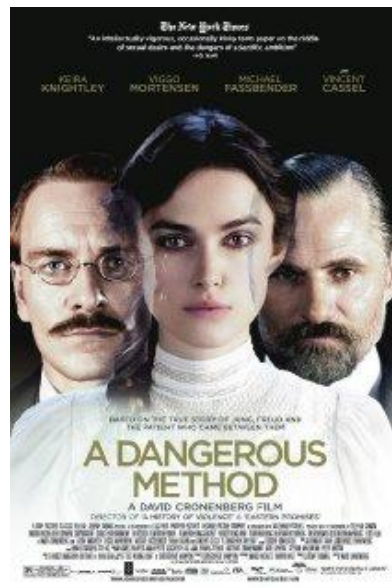
Generally, most of conversion disorder patients have problems with trust, intimacy and social interaction due to the early destruction of their basic trust and a lack of a sense of boundaries that grow from normal ego development that occurs in a safe environment (Covington, 2003: 58). These patients have been robbed of learning how to deal and cope with others in both familial, social, sexual, and other secure, trusting interpersonal contexts (Kerr, 1994: 157). Therefore, the conversion disorder patients have severe psychiatric symptoms, signs and traits, including anxiety, panic attacks, flashbacks, confusion, depression, psychotic symptoms of delusions and hallucinations, severe disturbances in intrapersonal and interpersonal relationships, and other numerous emotional, cognitive and behavioral difficulties that most sexual trauma victims suffer from, requires medical, pharmacological as well as psychological treatment (Covington, 2003 : 62).

However, current psychiatric terminology recently distinguishes two types of disorder that were previously labelled 'conversion disorder': somatoform and dissociative (Nairne, 2008: 35). In psychology, a somatoform disorder is a mental disorder characterized by physical symptoms that suggest physical illness or injury – symptoms that cannot be explained fully by a general medical condition, direct effect of a substance, or attributable to another mental disorder. Meanwhile, dissociative disorders can be defined as conditions that involve disruptions or breakdowns of memory, awareness, identity and/or perception. People with dissociative disorders use dissociation, a defense mechanism, pathologically and involuntarily. In addition, Nairne (2008: 42) states that somatoform and dissociative disorders are still thought to primarily be caused by psychological trauma.

## **7. *A Dangerous Method* Movie**

*A Dangerous Method* is a movie produced in 2011 and set in Britain, with the setting of time which starts in 1904. It was directed by David Cronenberg's adaptation of Christopher Hampton's play detailing the deteriorating relationship between Sigmund Freud and Carl Jung. This movie is based on the true story of the life of Carl Jung, starred by Fassbender and his Russian-Jewish psychiatric patient named Sabina Spielrein, starred by Keira Knightley. In addition, Carl Jung is a disciple of Sigmund Freud starred by Mortensen.





**Figure 8. A Dangerous Method**

*A Dangerous Method* opens in Zurich in 1904 as a horse-drawn carriage containing a raving Sabina Spielrein up to a large sanitarium, where she then begins treatment for her violent episodes in the care of Carl Jung. Jung employs the new and “dangerous” method in question for her therapy, considered pretty radical for the time: conversation.

In an early interview with Jung, Sabina Spielrein, sputters and stammers in a hit-or-miss Russian accent, jutting out her jaw like a Neanderthal, all the while confessing the abuse she suffered at the hands of her father, and how she secretly enjoyed herself. This abuse is also proved by Kerr’s book “*A Most Dangerous Method: The Story of Jung, Freud, and Sabina Spielrein*”, the historical book that becomes the basic source of this movie. Moreover, this abuse was also written up as one of Jung's test cases (Kerr, 1994: 135).

In his book, Kerr (1994: 132) does include Sabina's memory of her father spanking her. Kerr describes that Sabina’s father is Jewish who is very strict in his

life. This father has bad behavior to use violence when he punishes his children. One of his children, Sabina is the most prominent example of his abuse. Therefore, Sabina's conversion disorder in Sabina's adulthood is convinced as the effect of those kinds of child abuse.

However, *A Dangerous Method* movie is not only about the therapy of Sabina's psychogenic stuttering but also about Sabina's life after she successfully overcomes her stuttering. That is why, this movie is suitable to differentiate between her utterances before and after her therapy with Dr. Jung. In other words, it is also a suitable medium to analyze the phenomenon of psychogenic stuttering.

## **B. Previous Studies**

The researcher does not deny that this research is not the first one to discuss speech disorder, especially the phenomenon of stuttering. Previous research gives a lot contribution along the process of understanding the case and leads the researcher to find the relevant theories. There are two previous theses utilized as the first reading materials before the researcher finds the relevant theories to strengthen his analysis.

One of them is the research conducted by Endang Setyowati (2011) entitled *A Psycholinguistic Analysis of Stuttering Experienced by King George VI of England Portrayed in The King's Speech*. This research focused its analysis on the stuttering case experienced by the main character in *The King's Speech*. She analyzed three things: the phenomenon of primary stuttering, the secondary one,

and the therapies King George VI undergoes to overcome stuttering when he faces the primary ones.

In her research, primary stuttering is non-fluency that happens in lingual units such as blockings, prolongations, and repetitions. Secondary stuttering is characterized by behaviors that are done by stuttering people when they perform primary stuttering and it usually emerges due to anxiety and feeling of shame about the stuttering that they suffer from. Finally, the third focused problem relates to what stuttering people usually do as their effort to overcome primary stuttering they perform, for example by singing or whispering.

The findings of this research indicated that from 77 data analyzed in this research, primary stuttering occurred 120 times and secondary stuttering occurred 110 times. In addition, there were four kinds of stuttering therapies that were undergone by the stuttering character in *The King's Speech*. They are: singing, Altered Audio feedback (AAF), Modifying Behaviors, and Neurolinguistic Programming (NLP) approach.

The next previous researcher is the research conducted by Novanda Alim (2012) entitled *A Psycholinguistic Analysis on a Stuttering Character in Rocket Science*. This research focused on finding out the characteristics of disfluencies, the types of secondary motor behaviors, and kinds of treatments experienced by Hal Heyner, the stutterer in *Rocket Science*. He used the theory of Zebrowski and Nathan Lavid, M.D for analyzing those topics. Therefore, the objectives of this research are: (1) to present and explain the characteristics of dysfluencies, (2) to

present and explain the types of secondary motor behaviors, and (3) to present and describe the kinds of treatments that Hal Heyner experienced.

The findings of this research indicated that there are 218 occurrences of types of dysfluencies and they are divided into two categories. They are Between-Word Dysfluencies, which occurs 80 times, and Within-Word Dysfluencies which occurs 138 times. Meanwhile, he also finds the occurrences of the phenomena of associated behaviors of stuttering: Eye Behaviors (EB), Visible Muscle Tension (VMT), Head, Torso, and Limb Movement (HTLM), and Audible Inhalations or Exhalatons (AIE) and 24 occurrences of treatment that Hal Hefner used as portrayed in *Rocket Science*.

However, those previous researches are different from this research in term of the focus, objectives, and settings. Both previous researches focused on developmental stuttering, a stuttering with a predictable developmental path. Meanwhile, this research focuses on acquired stuttering, a stuttering which appears in adult patients who have no previous history of stuttering.

### **C. Conceptual Framework**

Psycholinguists study how word meaning, sentence meaning, and discourse meaning are computed and represented in the mind. This study is concerned with the relationship between the human mind and the language as it examines the processes that occur in the brain while producing and perceiving both written and spoken discourse. It includes three matters, i.e. language acquisition which is the study of the mental process to get language itself, language comprehension which is the study about the mental process of human to

comprehend language, and language production which is the study about the mental process that enables human to articulate language.

Language production is not a simple process as what people think. Levelt (Ward, 2006: 85) states that the production of a speech passes through three levels: conceptualization, formulation, and articulation. Those levels can be divided into four stages based on Taylor's idea (1990: 99). The first stage is conceiving a message, the second stage is arranging words, the third stage is formulating the structure of a sentence, and the last stage is articulating the sentence. In speech production level, a speaker must successfully undergo those four stages or else, he/she will have a speech disorder.

One example of speech disorders is stuttering. This is a disorder in which people who suffer from it face difficulty in uttering words fluently. Stuttering usually begins in early childhood when speech and language skills are expanding and other developmental learning is taking place. It occurs most frequently in young children between the ages of 2 and 6 who are developing language. However, there is a case when the stuttering occurs for the first time in adults after following years of normally fluent speech. This case is called acquired stuttering.

Acquired stuttering can be divided into two categories — neurogenic and psychogenic stuttering. Neurogenic disorders arise from signal problems between the brain and nerves or muscles. In neurogenic stuttering, the brain is unable to coordinate adequately the different components of the speech mechanism. On the other hand, psychogenic disorders arise from a psychological trauma. This type of stuttering is now known to account for only a minority of the individuals who

stutter. Although individuals who stutter may develop emotional problems such as fear of meeting new people or speaking on the telephone, these problems often result from stuttering rather than cause the stuttering. Psychogenic stuttering occasionally occurs in individuals who have some types of mental illness or individuals who have experienced severe mental stress or anguish.

In fact, the phenomenon of psychogenic stuttering is portrayed very well in the movie *A Dangerous Method*. Its main character, Sabina Spielrein, is a conversion disorder patient. Her illness which is formerly known as “Hysteria” is a strong, emotional disturbance that comes from some kind of trauma. This trauma influences her speech and causes her to be a stutterer. Her stuttering is classified into psychogenic stuttering since psychogenic stuttering is commonly preceded by an emotionally traumatizing event. For this reason, this movie is brought up as the data source of this research.

Therefore, this research applies descriptive qualitative approach in which the researcher focuses on the disfluency types, patterns, and causes of psychogenic stuttering. He employs Hegde and Davis’ concept about the disfluency types, then, it is elaborated by Lickley’s concept of disfluency pattern. Moreover, Peterson’s theory which explores how the child abuse can potentially become the disfluency cause is also needed. Furthermore, the researcher also utilizes some additional references from the internet, like journals and articles to complete the theories. Then, the researcher formulated his way of thinking for this research into an analytical construct as shown on the following page. In addition, the bold items become the focus of this study.

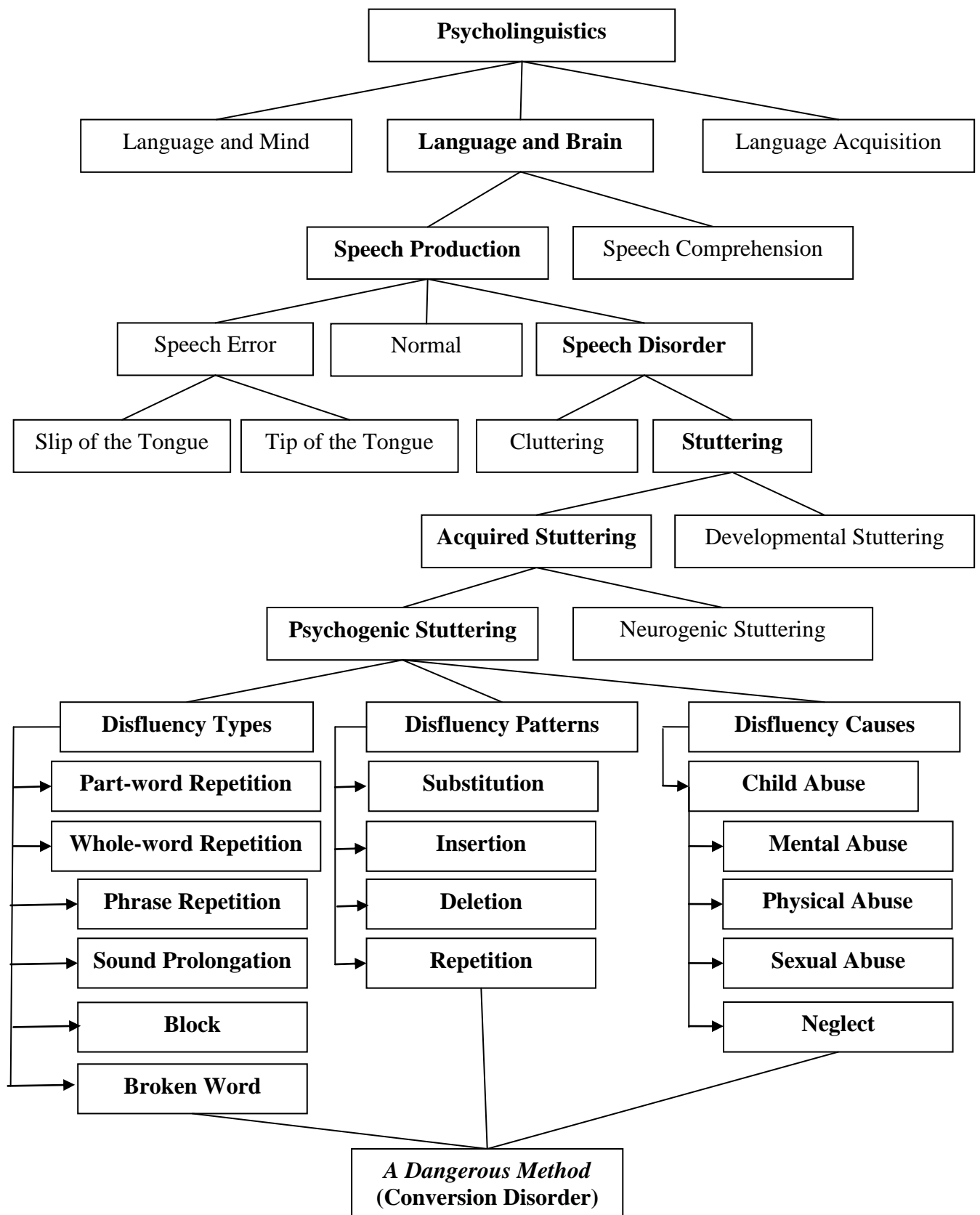


Figure 9. Analytical Construct

## **CHAPTER III**

### **RESEARCH METHODS**

#### **A. Research Type**

A descriptive-qualitative approach was used in describing the data. Bungin (2007: 27) writes that a descriptive-qualitative research uses theory to lead the research before collecting the data. It seems that a descriptive-qualitative research still adopts quantitative method in which theory has an important role to analyze the data. Regarding this, a descriptive-qualitative research still can be called a qualitative research because it still has priority to analyze the data by avoiding figures in the data. Moreover, Vanderstoep and Jhonston (2008: 167) state that the purpose of qualitative research is more descriptive than predictive. The goal is to understand, in depth, the viewpoint of the researcher. Qualitative research deals with people's interpretation of their experiences. Thus, different researchers are going to have different interpretations of their own experiences and the social system within which they interact.

Moreover, qualitative research emphasizes on cultural, social, and personal identity on any interpretation of the researcher. For these reasons, the qualitative approach is less concerned with generalization because different setting, community, and culture would probably have different interpretation from the researcher. Besides, to interpret the data, in qualitative research, the researcher describes the data in the written form. This is in line with what Moleong (2001:



120) states that qualitative research is research, which produces descriptive data consisting of written and spoken words and behavior.

## **B. Forms, Context, and Source of Data**

The data in this research were in the form of conversations among *A Dangerous Method*'s characters. This is in line with what Bungin (2007: 28) mentions in his book that qualitative data are in the forms of sentences, utterances, even short stories. He states that the units to analyze in qualitative method can be categorized into four categories: individual, group or family, society, and social institution. This research used the individual unit of analysis – the psychogenic stuttering character in the movie. In other words, the data of this research were the utterances spoken by Sabina Spielrein, a patient of conversion disorder.

Meanwhile, Sabina's utterances that became the data were only in the bad-formed utterances because the phenomenon of disfluency appears only in that situation. In other words, excluding her well-formed utterances, the data of this research were the bad-formed utterances of Sabina Spielrein in which the phenomenon of disfluency exists.

The utterances for this research were taken from a movie transcript, which was downloaded from the internet. This transcript became the main data source of this research. Meanwhile, the secondary data source was some parts of utterances that the researcher transcribed himself. The second one existed due to the fact that there were some parts of the main source that did not match the utterances spoken by the character in the movie.

### **C. Techniques of Data Collecting**

The researcher was the primary instrument for collecting the data. Moleong (2001: 121) states that in qualitative research, the researcher plays the role as the designer, the data collector, the analyst, the data interpreter, and eventually the reporter of the research findings. Meanwhile, the data sheets were used as the secondary instruments for helping him analyze the data. The forms of data sheets consisted of three tables. The first table was the table for the existence of the types of disfluency, the second was for the kind of disfluency pattern, and the third was for the kind of disfluency pattern. Apart from those data sheets, other secondary instruments used in this research were visual materials: the video of the movie and the transcript of the movie.

The researcher underwent some steps during the data collection: watching the movie, finding its transcript, making the data sheets, and categorizing the raw data into the sheets. First, the data collection was started by watching the movie in order to see the phenomenon of psychogenic stuttering. After that, the online technique of data collecting was done. This means that instead of typing down all the utterances, the transcript of the movie from the internet was used. Finally, the three mentioned data sheets were created to categorize the data.

The basic categorization was started by selecting the parts of the transcript that could become the raw data of this research: only the utterances spoken by the psychogenic stuttering character, Sabina Spielrein, which became the data. In addition, not all Sabina's utterances became the data. Her well-formed utterances

were not included because the phenomenon of disfluency only occurs in the bad-formed utterances.

After that, the raw data were placed into the data sheets and the coding for each datum was given. In fact, the transcript was re-checked whether it is the same as what is spoken by the character in the movie or not. When it did not match, the technique of *simak dan catat* (listen and write) were employed by transcribing the parts manually. Subroto (1992: 34) states that this technique requires the primary instrument to listen carefully and to write down what is important as the data. The forms of the data sheets are as follows:

**Table 3. The Data Sheet of the Types of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method***

CODE	UTTERANCES	DISFLUENCY TYPES					
		REP			SP	BL	BW
		PW	WW	PH			
PH/REP/S.01/D.01	Dr.Jung : Good Morning. I'm Dr.Jung. I admitted you yesterday. Sabina : ( <i>Grumble</i> ) <b>I'm not - I'm not</b> mad, you know.			√			

Note: S.01 : Datum number 01  
 S.01 : Scene 01  
 REP : Repetition  
 PW : Part-Word  
 WW : Single-Word

PH : Phrase  
 SP : Sound Prolongation  
 BL : Block  
 BW : Broken Word

**Table 4. The Data Sheet of the Disfluency Patterns Experienced by Sabina Spielrein Portrayed in *A Dangerous Method***

CODE	UTTERANCES	DISFLUENCY PATTERNS				EXPLANATION
		SUB	INS	DEL	REP	
PH/REP/S.01/D.01	Dr.Jung : Good Morning. I'm Dr.Jung. I admitted you yesterday. Sabina : ( <i>Grumble</i> ) I'm not - I'm not mad, you know.				√	

Note: D.01 : Datum number 01

S.01 : Scene 01

SUB : Substitution

INS : Insertion

DEL : Deletion

REP : Repetition

**Table 5. The Data Sheet of the Causes of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method***

CODE	UTTERANCES	DISFLUENCY CAUSES				EXPLANATION
		PA	MA	SA	NE	
MA/S.01/D.01	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate ...then <b>he-he</b> <b>hit me again.</b> And then I ( <i>4-sec</i> <i>pause</i> )	√				

Note: D.01 : Datum number 01

S.01 : Scene 01

PA : Physical Abuse

MA : Sexual Abuse

SA : Sexual Abuse

NE : Neglect

#### **D. Techniques of Data Analysis**

This research used content analysis that is under the heading of observing studies. This type of analysis was used to reveal the content of a book or text that explores the condition of the author or the society when it was written. Wiersma (1995: 216) states that data analysis in qualitative research is a process of successive approximation towards an accurate description and interpretation of phenomenon. Therefore, this research would aim to an accurate description and interpretation of phenomenon by revealing the condition of the society when it was written.

Meanwhile, according to Moleong (2001: 125), data analysis is a process of organizing and classifying data into a certain pattern, category, and basic unit of analysis so that the theme can be found and working hypothesis suggested by the data can be formulated. That is why, the data in this research were analyzed using some steps, as the following.

##### **1. Categorizing**

Having got the raw data in the form of the utterances of Sabina Spielrein that contain disfluency phenomena, the researcher tried to make a categorization system. The categorization system was the first thing to do as this was the basic step of analyzing the data. The categorization system was the one which used the two tables, both for disfluency types and disfluency pattern.

## 2. Classifying

The next step to do after the categorization system was done was to put the selected utterances as the raw data in this research into the categories (tables) provided. This classification step was the hardest step to do as this required a good and deep understanding of the theories employed, especially the theories related to disfluency. This step also took the longest time, compared to other steps undergone. In fact, different kinds of disfluency types and patterns sometimes appeared in some parts in one utterance. This way, the researcher made them as several data and differentiate them. Besides, in order to ease the readers in reading the data analysis, the researcher also wrote the explanation to help the readers' understanding and put it for table 4 and 5.

## 3. Analyzing

When the classification was finished, the researcher started to analyze the data. In this research, the analysis of the data was in a quantitative way since it involved numbers. In this step, the researcher counted the data, one by one, according to the categorization system in order to get the fixed number (percentage) of each phenomenon in each table. At the end of this step, the researcher could see all percentages of the existence of the disfluency types as well as the disfluency pattern. Having this, the researcher could get the answers for the first two formulated problems of this research. Those fixed numbers and percentages became the findings of this research. In addition, the researcher also used the third table in answering the third question. However, instead of getting the fixed number (percentage) of each disfluency causes, he

used it as general evidences that child abuse which is happened in Sabina's childhood was the causes of Sabina's disfluency. In fact, he analyzed the third table by explaining and elaborating what the child abuses, which are possible to be the causes of Sabina's psychogenic stuttering are.

#### 4. Discussing

After the findings were revealed, the researcher read those findings in a scientific way. This means that not only related the findings to some employed theories, he also explained and elaborated why and how the findings could be so. This was done by answering certain unwritten questions such as why a certain type of disfluency can have the highest percentage of existence while certain other type can be the lowest one, etc. In addition, this kind of discussion was also conducted to the whole findings of each table as well as to the third question (in the form of explanation and elaboration).

#### 5. Reporting

After the explanation and elaboration, the last step to finish was to report the findings and discussion of the findings. In writing the report of the research, the researcher also added some points of conclusion as well as some points of suggestion.

## **E. Data Trustworthiness**

The trustworthiness of the data can be gained by conforming four criteria, namely, credibility, dependability, conformability, and transferability (Moleong, 2001:173). This research principally applied credibility and conformability criteria. Credibility refers to the richness of the information gathered and on the analytical abilities of the researcher. The findings and the interpretation of the data should accurately describe reality by doing test. Conformability, in turn, is aimed at measuring how far the researcher demonstrates the neutrality of the research interpretations. The findings and the interpretation of the data should be truly based on the data. In achieving credibility and conformability, there were two techniques employed, namely triangulation and inter-rater technique.

### **1. Triangulation**

It is a technique for checking the trustworthiness of data by utilizing something outside the data to verify the data or to compare them (Moleong, 2001: 178). To achieve the credibility of the data, the researcher consulted the findings to his supervisors, Dr. Margana, M.Hum., M.A, and Titik Sudartinah, SS., M.A. Both are the right persons to discuss the data with since they are experts in linguistics.

### **2. Inter-rater technique**

It was also used to gain conformability of the research findings. The data were discussed with the researchers colleagues at English Language & Literature study program, especially those who major in linguistics.



## **CHAPTER IV**

### **FINDINGS AND DISCUSSION**

This research has three objectives: to identify the types, patterns, and causes of disfluency experienced by Sabina Spielrein portrayed in *A Dangerous Method*. This chapter consists of two sections; they are the findings and discussion section. The first part presents the findings that the researcher got from the analysis on the utterances of the conversion disorder patient, Sabina Speilrein, which contain psychogenic stuttering phenomena. The findings are in the forms of three tables, which contain numbers as well as percentages of the analyzed phenomena. Meanwhile, the discussion section provides the deeper analysis, explanation, and description. Those explanation and description are presented based on the findings and theories in the literature review in Chapter II.

#### **A. Findings**

A psychogenic stuttering phenomenon is reflected clearly in Sabina Speilrein's case. The researcher found that Sabina's stuttering is the same as what is described as psychogenic stuttering phenomena. This means that her stuttering can show the types and the patterns of psychogenic stuttering. Besides, the researcher also found out some causes of psychogenic stuttering based on Sabina's confession in the movie. The child abuse that was happened when Sabina Speilrein was a child is the main reason why this psychogenic stuttering occurs. Therefore, by analyzing Sabina Speilrein's stuttering portrayed in *A Dangerous*

*Method*, the researcher found the types, patterns, and causes of psychogenic stuttering phenomena.

### 1. Types of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

Disfluency is something common in human life. Everybody can make disfluency unconsciously in his or her utterances. However, there are some differences present when normal people and stutterers make some disfluencies. Normal people usually make some disfluencies because of speech error or non-fluency. On the other hand, stutterers make some disfluencies because of a speech disorder. Therefore, because the reasons of disfluency are different, the types of disfluency are also different from each other.

Based on Hedge and Davis' theory, there are six types of disfluency that usually occur in the stuttering phenomena. They are *part-word repetition*, *whole-word repetition*, *phrase repetition*, *sound prolongation*, *block*, and *broken word*. The findings are presented in Table 6 below.

**Table 6. Frequency and Percentage of Types of Disfluency in *A Dangerous Method***

No	Disfluency Types	Frequency	Percentage
1	Part-word repetition	5	11.63%
2	Whole-word repetition	16	37.21%
3	Phrase repetition	13	30.23%
4	Sound prolongation	0	0%
5	Block	5	11.63%
6	Broken word	4	9.30%
<b>T O T A L</b>		43	100%

After analyzing all the data himself and rechecking the analysis through peer discussion, the researcher finally got the fixed analysis. There are 43 occurrences of stuttering. Table 6 clearly shows that, although the occurrence percentages are never the same from one to the others, Sabina Spielrein experiences almost all kinds of stuttering: *part-word repetition*, *whole-word repetition*, *phrase repetition*, *block*, and *broken word*. The one that Sabina does not experience is *sound prolongation*. The reason why this one does not occur in Sabina's case is because Sabina always uses some pauses and repeats rather than prolongs or lengthens her syllables when she makes a disfluency. Therefore, she always does *part-word repetition* rather than *sound prolongation*.

The first most-often appearing phenomenon is *whole-word repetition*. It occurs 16 times out of the total of 43 occurrences. In other words, out of the total 100%, its percentage is 37.21%. Following *whole-word repetition*, as the second most-often appearing phenomenon, there is *phrase repetition*. In fact, its occurrence is not too different from *whole-word repetition*. It only appears 13 times with the percentage of 30.23%. After that, *part-word repetition* ranks the third. However, its number of occurrence is quite different from the previous ones. It only occurs 5 times. This way, its percentage is 11.63%. The next rank is possessed by the phenomenon named *block* of which the occurrence number is the same as *part-word repetition*. It means that *block* is also 11.63% out of the total 100%. Finally, the phenomenon of *broken word* happens the least often – 4 out of 43 times of occurrence. This way, its percentage is the smallest: 9.30%.

## 2. Patterns of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

This study evaluates Lickley's theory of disfluency patterns. According to Lickley, disfluency patterns are classified into four types. The first is *substitutions*, which mean the kinds of disfluency by substituting the previous utterance when the stuttering phenomenon occurs. The second is *insertions*, which mean the kinds of disfluency by repeating and inserting the previous utterance when the stuttering phenomenon occurs. The third is *deletions*, which mean the kinds of disfluency by simply deleting the previous utterance when the stuttering phenomenon occurs. The last is *repetitions*, which mean the kinds of disfluency by repeating exactly the same utterance.

In this research, the data used were the speaker's utterances containing disfluency phenomena. Therefore, the data of disfluency patterns were the same as the data of disfluency types. The researcher uses 43 phenomena of utterances containing disfluencies. The categorization, frequency, and percentage of disfluency patterns employed in Sabina Spielrein's utterances are illustrated in Table 7 below.

**Table 7. Frequency and Percentage of Patterns of Disfluency in *A Dangerous Method***

No	Disfluency Patterns	Frequency	Percentage
1	Substitution	4	9.30%
2	Insertion	2	4.65%
3	Deletion	7	16.28%
4	Repetition	30	69.77%
<b>T O T A L</b>		43	100%

The researcher found four disfluency patterns from 43 occurrences of disfluency. The highest disfluency pattern goes to the pattern of *repetition*, of which the percentage is 69.77%. In Sabina's utterances, there are 30 occurrences of *repetition* pattern. This fact is not surprising since the category of *repetition* appears to dominate the disfluency types of Sabina's stuttering. The second highest rank goes to the pattern of *insertion*, which happens 7 times. This means that its percentage is 16.28%. After that, there is the pattern of *substitution*. It occurs 4 times out of the total 43. This way, this phenomenon has 9.30% of the total percentage. Following this phenomenon, the pattern of *insertion* comes as the last-often appearing phenomenon. It happens twice. In other words, its percentage is 4.65%

### **3. Causes of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method***

The cause of Sabina's psychogenic stuttering is actually similar to others. Several traumatic events in the past, which influence the psychology of the stutterer, are the main causes of the psychogenic stuttering. In Sabina's case, the traumatic events are in the form of child abuse. The categorization, frequency, and percentage of child abuse based on Sabina Spielrein's confession are illustrated in Table 8 below.

**Table 8. Frequency and Percentage of Child Abuse that Causes Sabina Spielrein's Psychogenic Stuttering**

No	Disfluency Causes	Frequency	Percentage
1	Physical Abuse	5	41.67%
2	Mental Abuse	5	41.67%
3	Sexual Abuse	0	0%
4	Neglect	2	16.66%
<b>T O T A L</b>		12	100%

Table 8 demonstrates three types of child abuse that become the causes of the disfluency of the main character in *A Dangerous Method*. They are *physical abuse*, *mental abuse*, and *neglect*. *Physical abuse* and *mental abuse* has the same number of occurrence. Both of them are mentioned five times (41.67%). Meanwhile, neglect is only mentioned twice (16.66%). Therefore, the absent type of child abuse in *A Dangerous Method* is only *sexual abuse*.

However, unlike the previous findings that simply give all percentages to be the occurrences of phenomena, this finding of disfluency is a representation of what happened in Sabina's life based on Sabina's confession. That is why the numbers of frequency (percentage) of child abuse as the disfluency causes can represent the possibility of child abuse that happened in the past. In other words, *the physical abuse* and *mental abuse* have a high possibility to be the main cause of Sabina's psychogenic stuttering following with the possibility of *child neglect*. Meanwhile, *sexual abuse* has a high possibility that it does not happen in Sabina's life.

## B. Discussion

The discussion section is divided into three parts. The first is the deep analysis on the types of disfluency represented by Sabina Spielrein. The second is the deep analysis of the patterns of Sabina Spielrein's disfluency. Finally, the third is the cause of Sabina Spielrein's stuttering.

### 1. Types of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

The findings of the analysis of all utterances spoken by Sabina Spielrein, the conversion disorder patient, in *A Dangerous Method* show that all of the types of disfluency except *sound prolongation* appear although the percentage is not the same from one type to the others. In fact, *whole-word repetition* and *phrase repetition* rank the two highest for the category of the most-often appearing phenomenon. On the other hand, *broken word* ranks the lowest for the same category. The explanations as well as examples for each phenomenon are presented as follows.

#### a. Part-word Repetition

*Part-word repetition* is a repetition on some parts of a word rather than the whole word when someone makes some disfluencies in his/her utterances. This kind of disfluency rarely happens in normal people's disfluency. Therefore, this repetition is a remarkable disfluency that distinguishes normal people from stutterers.

As shown in Table 6, the phenomenon of *part-word repetition* as a type of disfluency appears the third compared to other types of disfluency. Among the 43 places of occurrence, it only appears as often as 5 times. Although this kind of disfluency type is few to occur compared to other types, it represents that Sabina Spielrein's stuttering can be categorized as stutterer's disfluency rather than normal people's disfluency or non-fluency.

The following two examples from the movie give further description of *part-word repetition*.

(4: 01) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) **Hu-hu-humiliation** and (*pain*) an-any kind of-of humiliation.

(PW/REP/S.01/D.02)

(4: 02) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain*) **an-any** kind of-of humiliation.

(PW/REP/S.01/D.03)

At a glance, it seems that both examples are similar. However, they have several differences. According to Shipley (2005: 350), every repetition has its own function, frequency, and location. Therefore, by comparing those two examples, there are differences in terms of function and frequency.

Firstly, the functions of *part-word repetition* in the first and second example are different. In the first example, the repetition of "hu" in the word "humiliation" happens in order to give the stutterer time to think. It is similar to the function of pause in the normal people spontaneous speech. Therefore,



stutterers usually use *part-word repetition* as the substitution of the pause. Meanwhile, in the second example, the repetition of “an” in the word “any” happens in order to emphasize the first one but because of an emotional effect, the repetition occurs as the result. It seems that both expressions, “humiliation” and “any kind of humiliation”, are affected by Sabina Spielrein’s traumatic events, which result in the increase of tone and repeated parts of words.

Secondly, the frequency of *part-word repetition* in the first and second example is also different. In the first example, “hu” in the word “humiliation” is repeated twice. It is different from the repetition of “an” in the word “any” that is only repeated once. According to Shipley (2005: 352), the frequency of *part-word repetition* is normally twice. However, the frequency of *part-word repetition* can occur more or less if another aspect affects the repetition. For instance, in the utterance “..and **an-any** kind of-of humiliation”, the word “and” has the same pronunciation as “an-“ and it is resulting in the decrease of the frequency of repetition to once.

The location of *part-word repetition* in the first and second example is the same. It occurs in the initial part-word rather than final part-word. In the data, *part-word repetition* is always in the initial part. It is actually in line with Shipley’s statement (2005: 353) “*the location of part-word repetition is almost in the initial part because it rarely occurs in the final part.*”

## b. Whole-word Repetition

*Whole-word repetition* is a repetition of a single word rather than a part of word or multiple words when someone makes some disfluencies in his/her utterances. This kind of disfluency also happens in normal people. Therefore, because this repetition can be found in the disfluency of a normal person and stutterer, this type of disfluency is included into ambiguous disfluency.

However, comparing the *whole-word repetition* between a normal person and stutterer, there are several differences in terms of the causes and forms. According to Vasic (2004: 3), a *whole-word repetition* in normal people happens because of self-repair and emphasis. Meanwhile, the *whole-word repetition* in stutterer happens because of the problem in the speaker's mind. An example of a *whole-word repetition* by a stutterer is presented in the following.

(4: 03) Dr.Jung : When you stopped talking just now, did a thought come into your head?

Sabina : I, ya, ya, I-I don't know...

(WW/REP/S.01/D.12)

Sabina, the conversion disorder patient, repeats the word "I" because she cannot express something in her mind. This can be explained by analyzing the pattern of her utterance. At first, she wants to tell something. It can be seen by the word "I" in the first part of her utterance. However, she cannot understand what she wants to say and expresses it by using a filled pause "ya". At the end, she gives up and then she stops to think by saying "I don't know". Another example of a *whole-word repetition* is as follows.

(4: 04) Dr.Jung : Was it an image?

Sabina : Yes, (slowly) yes

(WW/REP/S.01/D.13)

Sabina's utterance in this case seems to be strange because she only says "yes" in a high pitch, pauses, and then she says "yes" in a low pitch. However, by analyzing those different intonations, the causes of the whole-word repetition can be seen.

The first word "yes" in her utterance is in a high pitch because of her enthusiasm to answer Dr Jung's question. However, because she is annoyed by her bad past, she pauses her utterance and repeats the word "yes" in a low pitch.

As a result, by comparing those examples, the function of the *whole-word repetition* done by a stutterer is usually to express something that he or she cannot express in words. It is different from the function of the *whole-word repetition* by a normal person that only occurs as a form of self-repair or emphasis.

The phenomenon of *whole-word repetition* as a type of disfluency appears the most often compared to other types of disfluency. Among the 43 places of occurrence, it appears as often as 16 times. This finding should actually represent that generally Sabina's disfluency occurs because she had some traumatic events in her past and she usually cannot express them into words.

The following two examples from the movie give further description about the frequency of *whole-word repetition*.

(4: 05) Dr.Jung : (*hitting Sabina's mantle*)

Sabina : (*Angry*) Would **you-you**, stop that!

(WW/REP/S.03/D.23)

(4: 06) Dr.Jung : Of what?

Sabina : There's something in the room....

Something slimy **like-like-like** some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.

(WW/REP/S.08/D.28)

The word “you” and the word “like” are similar because they can be categorized as *whole-word repetition*. However, the first datum has less frequency than the second one. The word “you” is only repeated once. On the other hand, the word “like” is repeated twice. The researcher found that *whole-word repetition* could be divided into a single-word repetition that is repeated once and twice.

### c. Phrase repetition

According to Hedge and Davis (in Shipley, 2005: 358), *phrase repetition* is a repetition of a group of words with or without a finite verb. Therefore, the definition of a phrase in *phrase repetition* is different from the definition of a normal phrase. All groups of words including a sentence can be called as a phrase. It is because Hedge and Davis think that a sentence and a phrase have similar patterns and functions in this phenomenon.

The following examples give a clear description about the phenomenon of *phrase repetition*.

(4: 07) Dr.Jung : Of what?

Sabina : There’s something in the room....

Something slimy like-like-like some kind of a mollusc, moving against my back. But **when I - when I** turned around, there was nothing there.

(PH/REP/S.08/D.29)

(4: 08) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain*) an-any kind of-of humiliation. Like, I can’t bear to see it and [*me miks me*] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. **He was always-he’s always** angry with me (*7-sec pause*)

(PH/SUB/S.01/D.10)

The words “when I” are a group of words without a finite verb. On the other hand, the words “he was always” are composed of a subject and a verb. It seems that those two are different. However, according to Hedge and Davis (in Shipley, 2005: 359), they are actually similar in terms of causes. The researcher found that both actually happen because of Sabina’s emotion. The repetition of the words “when I” occurs because of her frightened feeling toward her delusion. Meanwhile, the repetition of the words “he was always” occurs because of her frightened feeling toward her terrified past.

The phenomenon of *phrase repetition* is found in 13 out of 43 times of occurrence in the movie. This ranks the second after the *whole-word repetition* or single word repetition. In fact, the high occurrences of *phrase repetition* and *whole-word repetition* represent the behavior of Sabina. The researcher found that Sabina prefers to repeat her utterances when she has difficulties to express what she intends to say. It happens because the repetition is easier to use than other types of disfluency.

Based on the data, the frequency of *phrase repetition* is mostly once like the previous two examples above. However, there is an exception such as in the following example.

(4: 09) Sabina : Do you like Wagner?

Dr.Jung : The music and the man, yes.

Sabina : I’m very interested in the myth of Siegfried. The idea that something pure and heroic **can come-can-can perhaps only come** from a sin, even a sin as dark as incest.

(PH/INS/S.14/D.36)

This example is actually a unique one. It is the combination of a *whole-word repetition* and *phrase repetition*. The *whole-word repetition* or single word repetition can be seen in the repetition of the word “can”. On the other hand, the *phrase repetition* can be seen in the repetition of the phrase “can come” with the addition “perhaps only”. This one happens because of the condition of Sabina at the moment. When Sabina utters this disfluency, her stuttering is nearly cured. Therefore, her disfluency as a normal person is mixed with her disfluency as a stutterer. Unfortunately, because this kind of disfluency only occurs once in the middle of her stuttering treatment, there is no further analysis of such datum. In addition, because this datum is more like a group of words repetition rather than a single word repetition, this datum is included in the *phrase repetition* rather than *whole-word repetition*.

#### **d. Block**

The phenomenon of *block* in Sabina’s utterances occurs 5 out of 43 times of occurrence. In fact, *block* is a distinct and special symptom of stuttering disorder. It does not appear in the non-fluency of normal people but almost-always appears in a stuttering case. This phenomenon is signified by a complete stop of speech caused by inappropriate and unnecessary cessation of both sound and air. When experiencing *blocking*, people are totally unable to utter any sounds although they have wanted to speak them. For instance, the following example gives a clear description about the phenomenon of *block*.

(4: 10) Dr.Jung : Tell me about the first time you can remember being beaten by your father.

Sabina : I suppose it was that my fourth....

And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I (4-sec pause)

(BL/DEL/S.08/D.33)

In the datum above, it is known that Sabina wants to speak something but cannot express it into words. Instead, she pauses her utterances to indicate the missing words there. The difficulty to change what is in her mind into words is affected by her terrified feeling about her frightening past. Therefore, the phenomenon of *block* is affected by the emotion of the speaker rather than the grammatical error and it is generally in the form of long pauses.

*Block* is sometimes confused with pause. In fact, the stops in a blocking and a pause are different. In blocking, there is something like a huge force coming from the inside which is not there in a pause. That is why, a *block* is usually accompanied with body gestures which are as if to force that thing out.

According to Hedge and Davis (in Shipley, 2005: 360), *block* commonly occurs in the form of a long pause. It is usually a 3-sec pause or more. However, Shipley (2005: 420) states that the phenomenon of *block* is not always indicated by a long period pause. There are cases when the long period pauses cannot indicate the phenomenon of *block*. Therefore, he states that the analysis of what the speaker intends to say is more effective to recognize the phenomenon of *block* rather than the period of pauses. The theory is proven in the following datum.

(4: 11) Dr.Jung : Tell me about the first time you can remember being beaten by your father.

Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off....

(BL/DEL/S.08/D.30)

The example is clearly the evidence that the phenomenon of *block* is not always in the form of 3-sec pauses or more. In the datum, it is actually in the form of a 2-sec pause. Analyzing other utterances, the researcher knows that Sabina intends to say something. However, because she cannot say it into words, she blocks her utterances and changes her topics by using the filled pause “oh, yes”.

This case occurs only once in the movie. It is a special case in the phenomenon of *block* because the data of *block* are usually in the form of 3-sec to 7-sec pauses. Therefore, recognizing the phenomenon of *block* by paying attention to what the speaker intends to say is more appropriate.

#### e. Broken word

A *broken word* or *word break* is the last type of disfluency of which the occurrence in Sabina's utterances portrayed in the movie is the least often – 4 out of 43 times of occurrence. This makes it have the percentage of only 9.30%. In fact, what belongs to this phenomenon is when stuttering people experience some interruptions of words without any effort of completion by doing either retracing or correcting it.

According to Shipley (2005: 362), there are four errors that are categorized into *broken word*. They are phonological, morphological, lexical, and syntactical errors. However, in the data, there are only three kinds of error that are found:



phonological, lexical, and syntactical errors. The morphological error cannot be found in the movie.

A phonological error is an error that occurs when the stutterer utters a word with a different pronunciation from the correct one. An example of a phonological error is presented in the following dialogue.

**(4: 12)** Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain*) an-any kind of-of humiliation. Like, I can't bear to see it and [*me miks me*] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (*7-sec pause*)  
(*BW/SUB/S.01/D.05*)

At first, it is difficult to understand the meaning of the utterance “*me miks me*” and it seems to be a lexical error rather than a phonological one. However, when it is analyzed deeper, the utterance “*miks me*” is actually a repetition of the words “makes me” but with a phonological error. This case is also evidenced through Sabina's behavior to repeat her utterances when she makes a disfluency.

A lexical error is an error that occurs when the stutterer utters nonsense words or something that cannot be identified as a word. An example of a lexical error is presented in the following dialogue.

**(4: 13)** Dr. Jung : Why do you think you saw that?

Sabina : (*slowly*) [*wewu*], when would-whenever he would, after (*3-sec pause*) whenever he (*pain*) whenever he hit us, afterward we, we had to-we had to kiss his hand.

(*BW/SUB/S.01/D.16*)

The utterance “wewu” in the datum above is actually a nonsense word. It cannot be found in any dictionary. The words “whenever would” are actually what Sabina intends to speak. However, because she is affected by her uncontrollable

emotion, she utters “wewu” that is the blend of the words “whenever would”. Therefore, instead of making a phonological error, she makes a new nonsense word that is included into a lexical error.

Another type of error, the syntactical error, is an error that occurs when the stutterer utters ungrammatical utterances, as in the following dialogue.

(4: 14) Sabina : Can I ask you something?

Dr.Jung : Of course.

Sabina : Is she (2-sec pause) wife?

(BW/DEL/S.06/D.25)

The utterance above is actually incorrect because there must be a possessive form before the word “wife”. The pause above cannot be included into the phenomenon of *block* because of two reasons, i.e. that the pause is only in a short period and it is not accompanied with body gestures. Sabina speaks clearly without any hesitation like there is no mistake in her utterance. That is why, the datum above is included into a syntactical error or it is known as the phenomenon of *broken word* rather than the phenomenon of *block*.

## **2. Patterns of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method***

The data findings show that Sabina’s disfluency occurs in all patterns. Out of the total occurrence and percentage of disfluency pattern, the use of repetition was the highest while insertion was the lowest. The gap between the use of repetition and other disfluency patterns represents the unconscious behavior of Sabina to use repetition when she has trouble in her utterances. It means that she

prefers to repeat her utterances rather than to substitute, insert, or delete them when she makes disfluency.

In this section, the researcher used those data findings as a core to support further analysis on the use of disfluency patterns. In order to make an appropriate analysis, the researcher took some examples from the data findings as the subject. As a final point, the data taken from findings were explained and described in detail.

#### **a. Substitution**

*Substitution* is the first pattern of disfluency that can be found in Sabina's disfluency. In this research, the pattern of *substitution* is in the third rank. Its percentage is 9.30%. This means that among 43 occurrences, it happens as often as 4 times. The following datum is a clear example of *substitution*.

**(4: 15)** Dr.Jung : You used to have a theory involving the impulse towards destruction and self-destruction, losing oneself.

Sabina : Well, suppose we think of sexuality as fusion, losing oneself, as you say, but losing oneself **[in the other] in other words**, destroying one's own individuality.

(PH/SUB/S.38/D.38)

The datum above represents the pattern of *substitution*. Sabina in her utterances utters the wrong words "in the other". She actually does not want to say them. Therefore, she repairs her first wrong words by substituting them with the words "in other words". *Substitution* is the pattern when the stutterer makes a wrong utterance and substitutes it with a correct one. Both utterances share a similarity from one to another.

According to Lickley (2002: 108), a stutterer usually makes a wrong utterance that actually shares the similarity with the one that he or she wants to speak. The patterns of substitution can be indicated by analyzing the similarity of phonology, lexicon, and syntax of both the wrong and correct ones. The stutterer prefers to substitute her utterance because he or she has an awareness of what he or she utters although he or she is a stutterer.

The pattern of *substitution* that shares the phonological similarity is presented in the following datum.

(4: 16) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain*) an-any kind of-of humiliation. Like, I can't bear to see it and [*me miks me*] makes me feel-feel nauseated.

(BW/SUB/S.01/D.05)

The words “makes me” and the utterances “/miks me/” are actually similar in term of pronunciation. That is why, Sabina makes a wrong pronunciation when she wants to say, “makes me”. Then, she realizes this mistake and repairs it by saying “makes me”.

Another example of *substitution* that shares the phonological similarity is in the next datum.

(4: 17) Dr.Jung : Why do you think you saw that?

Sabina : (*slowly*) [*wewu*], when would-whenever he would, after (*3-sec pause*) whenever he(*pain*) whenever he hit us, afterward we, we had to-we had to kiss his hand.

(BW/SUB/S.01/D.16)

This datum is actually similar to the previous one. Sabina, the speaker, makes a mistake when she wants to say “when would”. She utters “/wewu/” rather than “when would”. Therefore, she substitutes the first one with the correct one.

However, the wrong words are not always the incorrect words in term of phonological, lexical, and syntactical items. The following example describes it.

(4: 18) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain* ) an-any kind of-of humiliation. Like, I can’t bear to see it and [*me miks me*] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. [**He was always**] **he’s always** angry with me

(PH/SUB/S.01/D.10)

According Lickley (2002: 205), the wrong word is not actually incorrect but it is not what the speaker wants to say. That is why, the words “he was always” are not actually incorrect but they are not what Sabina intends to say. Therefore, the words “he was always” are included into the wrong words although they are correct ones. The words “he was always” and “he’s always” share the syntactical similarity that indicates the pattern of *substitution*.

## b. Insertion

*Insertion* is the second pattern of disfluency that can be found in Sabina’s disfluency. It does not happen so often. It only happens twice out of 43 times. This way, its percentage is even less than 5% – it is only 4.65%.

*Insertion* occurs when a speaker repeats some words by adding another word in his or her next repetition. This generally happens on normal people’s non-

fluency rather than stutterers' disfluency. The speech disorder that occurs in stutterers' disfluency prevents the stutterers to think about complex utterances.

According to Lickley (2002: 108), this pattern actually involves a difficult process in human mind. Speakers are easier to repeat or substitute their utterances rather than to insert something in their previous utterances. Therefore, the stutterer prefers to use other disfluency patterns rather than this one.

There are two reasons why the process of *insertion* is difficult. First, speakers must have a great awareness about what they said before. Second, they must understand the correct sentence in their mind. Both requirements are easier to be fulfilled by a normal person rather than a stutterer. That is why the occurrence of *insertion* pattern in stutterer's disfluency is lower than other disfluency patterns.

The following is an example of the pattern of *insertion*.

(4: 19) Dr.Jung : Why do you think you saw that?

Sabina : (slowly) *wewu*, [**when would**] **whenever he would**, after (3-sec pause) whenever he(*pain*) whenever he hit us, afterward we, we had to-we had to kiss his hand.

(PH/INS/S.01/D.17)

In the example above, Sabina makes two repetitions in her utterances. However, the first and second repetitions are different in term of their patterns. The first one is substitution and the second one is insertion.

In the datum, Sabina's unstable emotions affect her mind and utterances. Therefore, she makes a mistake when she utters “/wewu/” and substitutes it with the words “when would”. Because of her awareness that her utterance is still

wrong, she changes her utterance into “whenever he would”. The last utterance is the correct one in term of structure and meaning.

The pattern of *insertion* occurs once again in the following datum. However, this one is actually different from the previous datum. If the previous datum occurs when Sabina is still considered as a conversion disorder patient, the next datum occurs when Sabina is in the process of recovering. It is proven by Sabina’s utterances that are more fluent rather than when she is considered as the patient.

(4: 20) Sabina : Do you like Wagner?

Dr.Jung : The music and the man, yes.

Sabina : I’m very interested in the myth of Siegfried.The idea that something pure and heroic [**can come**], *can*, **can perhaps only come** from a sin, even a sin as dark as incest.

(PH/INS/S.14/D.36)

Sabina, in this datum, does not make a mistake when she utters, “can come”. However, she still thinks that there is something missing in those words. The filled pause “can” indicates that process. As a result, she gives additional information by inserting “perhaps only” in the words “can come”.

Analyzing both data of insertion pattern, the researcher knew that there are various functions of *insertion*. The *insertion* that happens in Sabina’s case as a stutterer is a self-repair. On the contrary, the *insertion* that happens in Sabina’s case as a normal person is not a self-repair but to give additional information about what she wants to say.

### c. Deletion

*Deletion* is the third pattern of disfluency that can be found in Sabina's disfluency. Although it is in the second rank, it does not happen so often. It has seven out of 43 occurrences. This way, its percentage is 16.28%. Finally, what is meant by this pattern is simply what is portrayed by its name. One example is as follows.

(4: 21) Dr.Jung : Tell me about the first time you can remember being beaten by your father.

Sabina : I suppose it was that my fourth. I'd broken [**a plate or**] (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off.

(BL/DEL/S.08/D.30)

The above utterance happens when Sabina tells Dr. Jung about her past. She feels frightened and that feeling affects her utterances. The deletion occurs when she wants to tell the miserable memory in her past. She utters "*I'd broken a plate or*" but she pauses when she realizes making an error. However, rather than trying to correct it, she abandons her previous utterance. That is what is called as the pattern of *deletion*.

According to Lickley (2002: 110), the phenomenon of *block* is a clear indication of the pattern of *deletion*. In fact, the phenomenon of *block* is the condition when the stutterer cannot express what he or she wants to say. That is why, when the stutterer commits blocking in his or her utterance, he or she simply deletes what she intends to speak. The following example is a good description about it.



(4: 22) Sabina : Can I ask you something?

Dr.Jung : Of course.

Sabina : Is she (2-sec pause) wife?

(BW/DEL/S.06/D.25)

The conversation above happens when Sabina is in the research involving Sabina, Dr. Jung, and Dr. Jung's wife. It is the first meeting of Sabina and Dr. Jung's wife. Therefore, after the research is finished and Dr. Jung's wife comes back home, Sabina asks Dr. Jung to confirm his relationship with the woman. However, because of her conversion disorder, she cannot remember the word "your" in her utterances. That is why she only utters "is she (pause) wife?" and abandons the word "your".

In another aspect, if normal people tend to finish their speaking until all messages are delivered, stutterers usually finish their speaking in an inappropriate stop because they have difficulties to speak what they want to say (Ward, 2006: 362). In fact, they simply stop their utterance by force, which is also known as the phenomenon of *block*, and abandon their previous utterances. The example is described in the following datum.

(4: 23) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain* ) an-any kind of-of humiliation. Like, I can't bear to see it and [*me miks me*] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always [**he's always angry with me**] (7-sec pause)

Dr. Jung : When you stopped talking just now, did a thought come into your head?

(BL/DEL/S.01/D.11)

The conversation happens when Sabina tells Dr. Jung about her past that affects her current condition. From the beginning of the conversation, Sabina makes much disfluency in her utterances. She has some difficulties to express what are in her mind into words. Therefore, in the end of the conversation, she stops by force her utterance even though she still wants to say something. The stop is quite long until the other speaker, Dr Jung, changes their topics. Sabina simply abandons her previous utterances and continues with new and different utterances.

The phenomenon when the speaker abandons her previous utterances and changes them into new utterances is called the phenomenon of *deletion* (Lickley, 2002: 110). It is also similar to speakers who make a mistake in their utterances and do not repair it even though they usually know that they make a mistake.

#### **d. Repetition**

*Repetition* is the last pattern of disfluency that can be found in Sabina's disfluency. As what is clearly shown in Table 7, the pattern of *repetition* as a pattern of disfluency appears the most often compared to other patterns of disfluency. Among 43 times of occurrence, it appears as often as 30 times. This finding should actually not be surprising remembering the dominance of repetition on Sabina's disfluency types.

According to Lickley (2002: 112), the *repetition* pattern happens when a unit of speech is repeated uncommonly several times. The units can be in the forms of a single sound or syllable, single word, or a group of words. In fact, Lickley's categorization of units is very similar to Shipley's theory that

categorizes the repetition into *part-word*, *whole-word*, and *phrase repetition*. The next example describes the similarity between those theories.

(4: 24) Dr.Jung : What was the image?

Sabina : It was-it was (*loudly*) a hand.

[My f] [my f] my father's (*loudly*) hand.

(PW/REP/S.01/D.15)

This conversation happens when Dr. Jung interrogates Sabina as the part of her treatment. Dr. Jung asks Sabina to express what is in her mind and it is responded by Sabina's words "my father's hand". The repetition of part-word "my-f" represents her terrified feeling toward her father's behavior to abuse her physically when he is angry.

Another similarity is also found between the *whole-word repetition* and the *repetition* of single word unit as represented in the following example.

(4: 25) Dr.Jung : When you stopped talking just now,did a thought come into your head?

Sabina : [I], ya, ya, [I] don't know...

(WW/REP/S.01/D.12)

The conversation above happens when Dr. Jung helps Sabina express what is in her mind. Sabina, in this point, actually has something in her mind but because of her difficulty to express it, she answers with "I don't know". The indication that she actually has something in her mind can be seen by the repetition of the word "I" in that sentence. The word "I" is only one syllable that is included into a single-word unit. Therefore, the repetition of the word "I" is included into the *repetition* of single-word unit. In addition, it is also a repetition of whole-word because it covers the whole-word in its repetition.

Finally, comparing Lickley's and Shipley's theories, the researcher found that the *phrase repetition* and the *repetition* of a group of words are actually the same. It happens because Shipley states that a phrase repetition is a repetition consisting of a group of words. The similarity of both theories is presented in the following datum.

(4: 26) Dr.Jung : Can you explain why your nights have been so bad?

Sabina : I'm afraid.

Dr.Jung : Of what?

Sabina : There's something in the room. Something like (*pause*) like a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (*pain*) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But **[when I] when I** turned around, there was nothing there.

(PH/REP/S.08/D.29)

The repetition of the phrase 'when I' in Sabina's utterances represents her feeling toward her situation. It seems that she had something dangerous in her last night but that is actually her own delusion. This is also an evidence that Sabina Spielrein is considered as a conversion disorder patient. The conversion disorder patient usually has her/his own delusion mixed in her/his mind. In addition, the repetition of "when I" not only can be seen as a *repetition* of phrase but also can be seen as a repetition of a group of words.

### 3. Causes of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

The child abuse evidenced by Sabina Spielrein's confession shows that *physical* and *mental abuse* are the most possible aspects which influence Sabina Spielrein's conversion disorder phenomenon. It shows that *physical* and *mental abuses* rank the two highest. Meanwhile, *neglect* ranks the lowest for the same category. It means that *neglect* or *child neglect* becomes a minor cause of Sabina's psychogenic stuttering. Sabina's parents only neglect her daughter in term of child mental basic need, such as love and care. On the other hand, the phenomenon of *sexual abuse* does not appear in the data. The explanations as well as examples for each kind of child abuse are presented as follows.

#### a. Physical Abuse

*Physical abuse* is an act of physical harm or injury to a child. It is not only the result of a deliberate attempt to hurt the child but also the result of severe discipline. Many physically abusive parents insist that their actions are simply forms of discipline. It is the way to make children learn to behave. However, there is a big difference between using physical punishment to discipline and *physical abuse*. The point of disciplining children is to teach them right from wrong, not to make them live in fear.

According to Peterson (2003: 108), *physical abuse* can be considered as a primary abuse. She states that primary abuse is an act of child abuse that can be resulted directly or indirectly into another abuse. The result of the primary abuse is usually called as secondary abuse. Both primary and secondary abuse can be seen in Sabina Spielrein's case portrayed in *A Dangerous Method* movie below.

*A Dangerous Method* is actually a movie based on a true story. The movie does not directly show the *physical abuse* that happened in Sabina's past. However, by analyzing Sabina's utterances, the researcher knows that Sabina's father, who is considered as a physical abuser, usually punishes her daughter with harsh violence. This violence creates deep fear in Sabina's feeling. Therefore, every time her father abuses her physically, her mental condition is also attacked. This *mental abuse* is considered as secondary abuse because it happens as the result of *physical abuse*, the primary abuse.

As what is clearly shown in Table 8, *physical abuse* appears the first rank compared to other types of abuse. Among the 13 places of occurrence, it appears as often as 5 times. This finding represents two important points, i.e. that the *physical abuse* truly happened in Sabina's past and that abuse is one of the causes of Sabina's psychogenic stuttering.

An example of *physical abuse* shown in Sabina's utterances is presented in the following

(4: 27) Dr. Jung : Why do you think you saw that?

Sabina : (slowly) [wewu], when would-whenever he would, after (3-sec pause) whenever he(pain) **whenever he hit us, afterward we, we had to-we had to kiss his hand.**

(PA/S.01/D.05)

In the above example, Sabina tells Dr. Jung about her past and shows how her father hit his children. Sabina's fear is implicitly shown in her stuttering. It means that Sabina's stuttering indicates the mental problem because of the fear of the abuse. Therefore, *physical abuse* is considered as one of the causes of Sabina's disfluency.

Sabina's utterances do not always tell about the *physical abuse* directly like the example above. The following datum indirectly represents that the *physical abuse* affects her mind.

- (4: 28) Dr.Jung : When you stopped talking just now, did a thought come into your head?  
 Sabina : I, *ya, ya*, I I don't know...  
 Dr.Jung : Was it an image?  
 Sabina : Yes, (*slowly*) yes  
 Dr.Jung : What was the image?  
 Sabina : **It was- it was (*loudly*) a hand. My f-my f- my father's (*loudly*) hand.**

(PA/S.01/D.04)

In this example, Dr Jung recognizes that when Sabina suddenly stops her utterances, there is something in Sabina's mind that cannot be expressed into words. That is why he helps Sabina tell him the image that she has in her mind. The utterances, "*It was- it was a hand. My f-my f- my father's hand*", represent how Sabina is frightened by her father. The word "*hand*" that is following the words "*my father*" shows her father's behavior to use physical abuse.

Meanwhile, the researcher also found a unique datum that has a possibility to be categorized as *sexual abuse*. However, because of some reasons, the datum is categorized as *physical abuse* rather than *sexual abuse*. The datum is presented in the following.

- (4: 29) Dr.Jung : Tell me about the first time you can remember being beaten by your father.  
 Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and **he told me to go into the little room and take my clothes off.**

(PA/S.08/D.07)

The datum shows the situation when Sabina's father told her daughter to take her clothes off. At a glance, that situation can be categorized as a sexual abuse. However, there are two possible explanations why the datum above cannot be categorized as a sexual abuse. One explanation is the sexual interest of Sabina's father. From Sabina's confession, it is known that Sabina's father is not sexually attracted with his daughter. What her father does is punishing her daughter with harsh violence rather than abuses her child for sexual stimulation. Another explanation is that Sabina's father is actually a Jewish who is strict with his life. This belief actually prevents him from doing a sexual activity with his own daughter. Therefore, this datum is categorized as a *physical abuse* instead of a *sexual abuse*.

#### **b. Mental Abuse**

*Mental abuse* is a harmful act that hurts a child mentally. Out of all the possible forms of abuse, *mental abuse* is actually the hardest to define. If *physical abuse* is defined as all physical harm that hurts a child, the *mental abuse* cannot be defined as easy as that. *Mental abuse* has a wide variety that depends on the personality of each child. For instance, different children will think differently if somebody gets angry with them. A fragile child will think that angry feeling as a fear but another strong one will think that as a normal expression. That is why the *mental abuse* cannot be generated from one child to another.

Meanwhile, *mental abuse* has a unique trait compared to another form of abuse. It is not only considered as a separated abuse or a primary abuse, but also a secondary abuse as a result of another abuse. The *physical abuse*, *sexual abuse*,



and *child neglect* can affect the child's psychology and result in the child's mental problem. Therefore, the best way to recognize the *mental abuse* is by understanding the feeling of the child as the victim.

*Mental abuse* appears in the first rank compared to other types of abuse that Sabina experienced. Its percentage is 41.67%. This means that among the 13 occurrences, it happens as often as 5 times. Therefore, *mental abuse* is the main cause of Sabina's disfluency. One research datum that portrays this *mental abuse* is as follows.

(4: 30) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) **Hu-hu-humiliation and (*pain*) an-any kind of-of humiliation.**

Like, I can't bear to see it and [*me miks me*] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (*7-sec pause*).

(MA/S.01/D.01)

This conversation happens when Dr. Jung asks Sabina about the causes of her suffering for the first time. Rather than answering it like normal people do, Sabina tells him about her feeling of shame. She feels that her past humiliates her and it makes her suffer. This conversation actually does not show directly the mental abuse that happened to Sabina. However, Sabina's response can be categorized as a self-blame, the effect of a *mental abuse*.

According to Peterson (2003: 207), a self-blame is one of great indications to recognize the children who became victims of *mental abuse*. They usually blame themselves and think that they are unworthy. The parents of those children mostly do not give any attention for this condition. As a matter of fact, this act of

the parents who do not give any attention is also included into another *mental abuse*. They do not help overcome their children's mental problem but make it worse.

Another evidence of the *mental abuse* is presented in the following datum.

(4: 31) Dr.Jung : Tell me about the first time you can remember being beaten by your father.

Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off.

And then, he came I, and spanked me. And then, **I was so frightened that I wet myself** and then he-he hit me again. And then I (4-sec pause)

(MA/S.08/D.09)

In this conversation, Sabina tells Dr Jung about how her father abuses her in her childhood. The statements "*he told me to go into the little room and take my clothes off*" and "*he came and spanked me*" express two forms of *physical abuse* that happened to Sabina. This abuse affects Sabina mentally. The fear that results from both forms of *physical abuse* hurts Sabina's feeling. Therefore, every time her father does *physical abuse*, he also does *mental abuse* to his daughter indirectly.

### c. Neglect

*Neglect* or which is also called as *child neglect* is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, or supervision. *Child neglect* is not always easy to spot. Sometimes, a parent might become physically or mentally unable to care for a child, such as with a serious injury, untreated depression, or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe.

In fact, the *child neglect* is not always prevented by providing children with food or clothing. According to Peterson (2003: 215), the ways of parents to care their children are more important rather than only provide food or clothing to the children. The phenomenon of busy parents that only provide their children with food and clothing without any attention to them creates another variation of *child neglect*. This problem actually happens in the society but it is usually forgotten by the people.

Love and care are important for the child's development. Children with lack of love and care from their parents usually have mental problems in their development. Some of them will develop into an arrogant person while others will develop into an inferior person. Both of them will have lack of personality and usually be unsociable with other people.

The example of the child who lacks love and care can be represented in Sabina's life. Out of 13 evidences of abuse that can be analyzed by Sabina's utterances, two of them can be categorized as child neglect. One example of those evidences is as follows.

(4: 32) Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?

Sabina : (*Pain*) Hu-hu-humiliation and (*pain* ) an-any kind of-of humiliation. Like, I can't bear to see it and [*me miks me*] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. **My f-my f-my father lost his-his temper all the time.** He was always-he's always angry with me (*7-sec pause*)

(NE/S.01/D.02)

The utterance "*My f-my f-my father lost his-his temper all the time*" actually represents what happened in Sabina's past. Rather than telling how her father loves her, Sabina tells how her father is very frightening. It means that

Sabina has lost her trust for her father and thought that her father never loves her. That is why her father failed to take care of Sabina and it is considered as *child neglect*.

The way Sabina's father punishes her daughter with violence is actually the basic problem that happened to Sabina. In fact, it is true that parents need to educate their children but they must know about the difference between teaching the children right or wrong and making the children live in fear. Sabina's father fails to provide the supervision, in other words, he neglects her daughter's need to get a bright childhood.

Another aspect that influences Sabina's personality is the background of her family. Family is very important in the development of a child. Children need a fine family that takes care of them with love. However, it does not happen to Sabina. She lives in a broken family that is represented in the following datum.

**(4: 33) Sabina : My father thinks my mother doesn't love him. And he's right, she doesn't.**

Dr.Jung : How do you know?

Sabina : My angel told me.

(NE/S.03/D.06)

The utterance "*My father thinks my mother doesn't love him. And he's right, she doesn't*" actually represents the background of Sabina's family. It indirectly shows that Sabina lives in a broken family as her background. She knows that her parents do not love each other and this influences Sabina's development. Her parents cannot provide the example of how they love each other that is needed by every child. Therefore, Sabina's parents also neglect her daughter to provide a fine family for her.

## **CHAPTER V**

### **CONCLUSIONS AND SUGGESTIONS**

#### **A. Conclusions**

Based on the results of both the findings and discussion in the previous chapter, the conclusions of the research can be drawn as follows.

1. Related to disfluency types, out of six types of stuttering, Sabina Spielrein experiences five types of stuttering: part-word repetition, whole-word repetition, phrase repetition, block, and broken word. The one that Sabina does not experience is sound prolongation. The reason why this one does not occur in Sabina's case is that Sabina always uses some pauses and repeats rather than prolongs or lengthens her syllables when she makes a disfluency. Therefore, she always does part-word repetition rather than sound prolongation.

The first most-often appearing repetition phenomenon is whole-word repetition. It can be found in the disfluency of a normal person and a stutterer. The second is phrase repetition. The high occurrences of phrase repetition and whole-word repetition happen because both repetitions are easier to use rather than other types of disfluency. Meanwhile, part-word repetition, block, and broken word have small occurrences since they are rarely found in disfluency phenomena. However, although those kinds of disfluency types are fewer in number compared to other types, they represent that Sabina Spielrein's stuttering can be categorized as stutterer's disfluency rather than normal people's disfluency or non-fluency.

2. In terms of the patterns, repetition becomes the first in rank because it is the simplest pattern of disfluency. Stutterers simply need to repeat their utterance without adding or changing it. After that, deletion places the second. Even though, deletion is a simple pattern since stutterers only need to abandon their wrong utterance, every people have behavior to repair their utterances unconsciously. That is why deletion has fewer occurrences rather than repetition. On the other hand, substitution and insertion have only small occurrences since they need more effort to be used by stutterers. Substitution needs an understanding the correct word. Meanwhile, insertion needs a great awareness and understanding the correct sentence in their mind.
3. In terms of causes, there are 3 types of child abuse, i.e. physical abuse, mental abuse, and neglect. Physical abuse as well as mental abuse becomes the highest in rank. This shows that physical abuse and mental abuse are the most possible aspects, which influence Sabina Spielrein's conversion disorder phenomenon. Meanwhile, neglect ranks the lowest for the same category. This means that neglect or child neglect becomes a minor cause of Sabina's psychogenic stuttering.

On the other hand, the absent type of child abuse in *A Dangerous Method* is sexual abuse. This type of child abuse is not mentioned by Sabina since this type does not appear in her life. The child abuse that happened in Sabina's life is actually the wrong disciplining form of

children that makes Sabina live in fear rather than the form of sexual interest from his father.

## **B. Suggestions**

In this study, the researcher proposes some suggestions to the following parties:

### **1. Other researchers**

Future researchers are expected to do other research about the phenomenon of stuttering with different approaches. In fact, even though the phenomenon of stuttering has many different types, most previous research about stuttering were engaged on developmental stuttering. That is why, psychogenic stuttering, which is the topic of this research is very limited compared to developmental stuttering. Future researchers can explore the phenomenon of psychogenic stuttering or another type of stuttering.

### **2. Policy makers**

In psycholinguistics, there are many topics which are interesting to be analyzed. However, the time allocated for this study is too little, only two credits out of 146 credits to undergo. As the result, there are still many topics under this branch, which are not learnt and discussed in detail. In relation to this, the researcher suggests that the English Education Department of Yogyakarta State University pay more

attention and time allocation to the study of psycholinguistics.

Therefore, students can learn and discuss psycholinguistics in detail.

### 3. General readers

The readers are suggested to read this research so that they can enrich their insight about the phenomena of child abuse. To be exact, they are

supposed to understand how dangerous the effect of child abuse is.

The child abuse does not only affect kids in childhood but also affects their future. Therefore, child abuse must be eradicated from the life of children.



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# APPENDICES

## Appendix 1

### Data Findings of the Types of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

Note: **D.01** : Datum number 01      **PH** : Phrase Repetition  
**S.01** : Scene 01      **SP** : Sound Prolongation  
**REP** : Repetition      **BL** : Block  
**PW** : Part-word Repetition      **BW** : Broken Word  
**WW** : Whole-word Repetition

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
<b>PH/REP/S.01/D.01</b>	Dr.Jung : Good Morning. I'm Dr.Jung. I admitted you yesterday. Sabina : ( <i>Grumble</i> ) <b>I'm not - I'm not</b> mad, you know.			√			
<b>PW/REP/S.01/D.02</b>	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) <b>Hu-hu-humiliation</b> and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )	√					
<b>PW/REP/S.01/D.03</b>	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) <b>an-any</b> kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )	√					

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
WW/REP/S.01/D.04	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind <b>of-of</b> humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)		√				
BW/SUB/S.01/D.05	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)						√
WW/REP/S.01/D.06	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me <b>feel-feel</b> nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)		√				
BW/DEL/S.01/D.07	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with <b>sweat cold, sweat</b> . My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)						√

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
PW/REP/S.01/D.08	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. <b>My f-my f-my father</b> lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )	√					
WW/REP/S.01/D.09	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost <b>his-his</b> temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )		√				
PH/SUB/S.01/D.10	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. <b>He was always-he's always</b> angry with me ( <i>7-sec pause</i> )			√			
BL/DEL/S.01/D.11	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )					√	

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
WW/REP/S.01/D.12	Dr. Jung : When you stopped talking just now, did a thought come into your head? Sabina : <b>I</b> , ya, ya, <b>I-I</b> don't know...		√				
WW/REP/S.01/D.13	Dr. Jung : Was it an image? Sabina : <b>Yes</b> , ( <i>slowly</i> ) <b>yes</b>		√				
PH/REP/S.01/D.14	Dr.Jung : What was the image? Sabina : <b>It was- it was</b> ( <i>loudly</i> ) a hand. My f-my f- my father's ( <i>loudly</i> ) hand.			√			
PW/REP/S.01/D.15	Dr.Jung : What was the image? Sabina : It was-it was ( <i>loudly</i> ) a hand. <b>My f-my f-my father's</b> ( <i>loudly</i> ) hand.	√					
BW/SUB/S.01/D.16	Dr. Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) [ <i>wewu</i> ], when would-whenever he would, after ( <i>3-sec pause</i> ) whenever he( <i>pain</i> ) whenever he hit us, afterward we, we had to-we had to kiss his hand.						√
PH/INS/S.01/D.17	Dr. Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) [ <i>wewu</i> ], <b>when would-whenever he would</b> , after ( <i>3-sec pause</i> ) whenever he( <i>pain</i> ) whenever he hit us, afterward we, we had to-we had to kiss his hand.			√			
BL/DEL/S.01/D.18	Dr. Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) [ <i>wewu</i> ], when would-whenever he would, after ( <i>3-sec pause</i> ) whenever he( <i>pain</i> ) whenever he hit us, afterward we, we had to-we had to kiss his hand.					√	
PH/REP/S.01/D.19	Dr. Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) [ <i>wewu</i> ], when would-whenever he would, after ( <i>3-sec pause</i> ) <b>whenever he</b> ( <i>pain</i> ) <b>whenever he</b> hit us, afterward we, we had to-we had to kiss his hand.			√			



CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
PH/REP/S.01/D.20	Dr.Jung : Why do you think you saw that? Sabina : <i>(slowly)</i> [ <b>wewu</b> ], when would-whenever he would, after <i>(3-sec pause)</i> whenever he( <i>pain</i> ) whenever he hit us, afterward we, <b>we had to-we had to</b> kiss his hand.			√			
PW/REP/S.03/D.21	Sabina : My father thinks my mother doesn't love him. And he's right, she doesn't. Dr.Jung : How do you know? Sabina : My angel told me. Dr.Jung : What angel? Sabina : <b>In-inner</b> voice.	√					
PH/REP/S.03/D.22	Dr.Jung : I have to go away for awhile. I'm sorry, we've just gotten started. Military service. We all have to do it. Just for a couple of weeks. Sabina : <i>(Angry)</i> It's a waste of time! I can't tell you, whatever it is you want to know! <b>You're just-you're just</b> making me angry. And even if I could tell you, you'd be sorry you ever <i>(blocked)</i>			√			
WW/REP/S.03/D.23	Dr.Jung : <i>(hitting Sabina's mantle)</i> Sabina : <i>(Angry)</i> Would <b>you -you</b> , stop that!		√				
BL/DEL/S.06/D.24	Dr.Jung : Any preliminary observations? Sabina : Obviously, what's uppermost in her mind is her pregnancy. Dr.Jung : Good Sabina : And she's a little <b>(3-sec pause)</b> what's the word? Dr.Jung : Why don't we try a useful word invented "ambivalent."					√	
BW/DEL/S.06/D.25	Sabina : Can I ask you something? Dr.Jung : Of course. Sabina : Is she <b>(2-sec pause)</b> wife?						√

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
WW/REP/S.08/D.26	<p>Dr.Jung : Can you explain why your nights have been so bad?</p> <p>Sabina : I'm afraid.</p> <p>Dr.Jung : Of what?</p> <p>Sabina : There's something in the room. Something <b>like</b> (<i>pause</i>) <b>like</b> a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (<i>pain</i>) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.</p>		√				
WW/REP/S.08/D.27	<p>Dr.Jung : Can you explain why your nights have been so bad?</p> <p>Sabina : I'm afraid.</p> <p>Dr.Jung : Of what?</p> <p>Sabina : There's something in the room. Something like (<i>pause</i>) like a cat, only it can speak. It gets into bed with me. <b>Last-last</b> night, it suddenly whispered something in my ear. I couldn't hear what. But then, (<i>pain</i>) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.</p>		√				
WW/REP/S.08/D.28	<p>Dr.Jung : Can you explain why your nights have been so bad?</p> <p>Sabina : I'm afraid.</p> <p>Dr.Jung : Of what?</p> <p>Sabina : There's something in the room. Something like (<i>pause</i>) like a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (<i>pain</i>) I felt it against my back. Something slimy <b>like-like-like</b> some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.</p>		√				

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
PH/REP/S.08/D.29	<p>Dr.Jung : Can you explain why your nights have been so bad?</p> <p>Sabina : I'm afraid.</p> <p>Dr.Jung : Of what?</p> <p>Sabina : There's something in the room. Something like (<i>pause</i>) like a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (<i>pain</i>) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But <b>when I- when I</b> turned around, there was nothing there.</p>			√			
BL/DEL/S.08/D.30	<p>Dr.Jung : Tell me about the first time you can remember being beaten by your father.</p> <p>Sabina : I suppose it was that my fourth. I'd broken a plate or (<b>2-sec pause</b>) oh, yes, and- and he told me to go into the little room and take my clothes off. And then, he came I, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I (<i>4-sec pause</i>)</p>					√	
WW/REP/S.08/D.31	<p>Dr.Jung : Tell me about the first time you can remember being beaten by your father.</p> <p>Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, <b>and-and</b> he told me to go into the little room and take my clothes off. And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I (<i>4-sec pause</i>)</p>		√				
WW/REP/S.08/D.32	<p>Dr.Jung : Tell me about the first time you can remember being beaten by your father.</p> <p>Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off. And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then <b>he-he</b> hit me again. And then I (<i>4-sec pause</i>)</p>		√				

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
BL/DEL/S.08/D.33	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and- and he told me to go into the little room and take my clothes off. And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I ( <i>4-sec pause</i> )					√	
PH/REP/S.08/D.34	Dr.Jung : And did you continue to like it? Sabina : ( <i>crying</i> ) Yes! Yes! Before long, he only just had to say to me to go to the little room and <b>I would- I would</b> start to get wet. When it came to my brothers or even just threatened that I'd have to go down and I wanted to lie down and touch myself. Later, at school, anything would, set it off, any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick. I had to come back right away, I was so excited. There's- there's no hope for me. I'm vile and filthy and corrupt. I must never be let out of here.			√			
PH/REP/S.08/D.35	Dr.Jung : And did you continue to like it? Sabina : ( <i>crying</i> ) Yes! Yes! Before long, he only just had to say to me to go to the little room and I would- I would start to get wet. When it came to my brothers or even just threatened that I'd have to go down and I wanted to lie down and touch myself. Later, at school, anything would, set it off, any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick. I had to come back right away, I was so excited. <b>There's- there's</b> no hope for me. I'm vile and filthy and corrupt. I must never be let out of here.			√			

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
PH/INS/S.14/D.36	Sabina : Do you like Wagner? Dr.Jung : The music and the man, yes. Sabina : I'm very interested in the myth of Siegfried.The idea that something pure and heroic <b>can come-can-can perhaps only come</b> from a sin, even a sin as dark as incest.			√			
WW/REP/S.37/D.37	Dr.Jung : Whose idea was it for you to send me your dissertation? Sabina : The Herr Direktor. Dr.Jung : Yes, of course. Sabina : He kept insisting this was the kind of material you were looking <b>for-for</b> your Yearbook		√				
PH/SUB/S.38/D.38	Dr.Jung : You used to have a theory involving the impulse towards destruction and self-destruction, losing oneself. Sabina : Well, suppose we think of sexuality as fusion, losing oneself, as you say, but losing oneself <b>in the other-in other</b> words, destroying one's own individuality.			√			
PH/REP/S.40/D.39	Sabina : <b>He's-he's</b> trying to find some way forward so that we don't just have to tell our patients, "This is why you are the way you are. " He-he wants to be able to say, "We can show you what it is you might want to become." Freud : Playing God, in other words. We have no right to do that. The world is as it is. Understanding and accepting that is the way to psychic health.			√			
WW/REP/S.40/D.40	Sabina : He's-he's trying to find some way forward so that we don't just have to tell our patients, "This is why you are the way you are. " <b>He-he</b> wants to be able to say, "We can show you what it is you might want to become." Freud : Playing God, in other words. We have no right to do that. The world is as it is. Understanding and accepting that is the way to psychic health.		√				

CODE	UTTERANCES	DISFLUENCY TYPE					
		REP			SP	BL	BW
		PW	WW	PH			
WW/REP/S.40/D.41	Sabina : That's not why I'm pleading his cause. <b>I-I-I</b> just feel that if you two don't find some way to co-exist, it will hold back the progress of psychoanalysis, perhaps indefinitely.		√				
WW/REP/S.43/D.42	Mrs.Jung : I expect you want a boy. Sabina : <b>No, ah, no</b> , my husband and I both think we would prefer a girl.		√				
WW/REP/S.43/D.43	Mrs.Jung : You are taking patients now? Sabina : I've, pretty much decided to specialize in child psychology. I'm not sure if it's <b>a-a</b> field he approves of. I haven't discussed it with him but...		√				
TOTAL		5	16	13	0	5	4

## Appendix 2

### Data Findings of the Patterns of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

**Note:** **D.01** : **Datum number 01**      **REP** : **Repetition**  
**S.01** : **Scene 01**      [...] : **Reparandum**  
**SUB** : **Substitution**      ,,,, : **Interagnum**  
**INS** : **Insertion**      ... : **Repair**  
**DEL** : **Deletion**

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
PH/REP/S.01/D.01	Dr.Jung : Good Morning. I'm Dr.Jung. I admitted you yesterday. Sabina : ( <i>Grumble</i> ) [I'm not] <u>I'm not</u> mad, you know.				√	It is a repetition. <b>I'm not- I'm not</b>
PW/REP/S.01/D.02	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) [Hu] [hu] <u>humiliation</u> and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )				√	It is a repetition. <b>Hu-hu-humilition</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
PW/REP/S.01/D.03	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) [<b>an</b>] <u><b>any</b></u> kind of-of humiliation. Like, I can't bear to see it and [<i>me miks me</i>] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)</p>				√	<p>It is a repetition.</p> <p><b>An-any</b></p>
WW/REP/S.01/D.04	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind [<b>of</b>] <u><b>of</b></u> humiliation. Like, I can't bear to see it and [<i>me miks me</i>] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)</p>				√	<p>It is a repetition</p> <p><b>Of-of</b></p>
BW/SUB/S.01/D.05	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind of-of humiliation. Like, I can't bear to see it and [<i>me miks me</i>] <u><b>makes me</b></u> feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me (7-sec pause)</p>	√				<p>It is a substitution</p> <p><b>[me miks me] - makes me</b></p>



CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/ <b>REP</b> /S.01/D.06	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me [ <b>feel</b> ] <b>feel</b> nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )				√	It is a repetition  <b>Feel-feel</b>
BW/ <b>DEL</b> /S.01/D.07	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with [ <b>sweat cold</b> ], <b>sweat</b> . My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )			√		It is a deletion  <b>Sweat cold - sweat</b>
PW/ <b>REP</b> /S.01/D.08	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) Hu-hu-humiliation and ( <i>pain</i> ) an-any kind of-of humiliation. Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. [ <b>My f</b> ] [ <b>my f</b> ] <b>my father</b> lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )				√	It is a repetition.  <b>My f- my father</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/REP/S.01/D.09	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind of-of humiliation. Like, I can't bear to see it and (<i>[me miks me]</i> makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost <b>[his]</b> <b>his</b> temper all the time. He was always-he's always angry with me (7-sec pause)</p>				√	<p>It is a repetition.</p> <p><b>His-his</b></p>
PH/SUB/S.01/D.10	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind of-of humiliation. Like, I can't bear to see it and (<i>[me miks me]</i> makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. <b>[He was always]</b> <b>he's always</b> angry with me (7-sec pause)</p>	√				<p>It is a substitution.</p> <p><b>He was always - he's always</b></p>
BL/DEL/S.01/D.11	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind of-of humiliation. Like, I can't bear to see it and (<i>[me miks me]</i> makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always <b>[he's always angry with me]</b> (7-sec pause)</p>			√		<p>It is a deletion</p> <p><b>He's always angry with me –</b> (blank)</p>
WW/REP/S.01/D.12	<p>Dr. Jung : When you stopped talking just now, did a thought come into your head?</p> <p>Sabina : <b>[I]</b>, ya, ya, <b>[I]</b> don't know...</p>				√	<p>It is a repetition.</p> <p><b>I – I</b></p>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/REP/S.01/D.13	Dr. Jung : Was it an image? Sabina : <b>[Yes]</b> , ( <i>slowly</i> ) <u>yes</u>				√	It is a repetition. <b>Yes - yes</b>
PH/REP/S.01/D.14	Dr.Jung : What was the image? Sabina : <b>[It was]</b> <u>it was</u> ( <i>loudly</i> ) a hand. My f-my f- my father's ( <i>loudly</i> ) hand.				√	It is a repetition. <b>It was – it was</b>
PW/REP/S.01/D.15	Dr.Jung : What was the image? Sabina : It was-it was ( <i>loudly</i> ) a hand. <b>[My f] [my f] my father's</b> ( <i>loudly</i> ) hand.				√	It is a repetition. <b>My f - my father</b>
BW/SUB/S.01/D.16	Dr.Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) <u>wewu</u> , <u>when would</u> -whenever he would, after ( <i>3-sec pause</i> ) whenever he( <i>pain</i> ) whenever he hit us, afterward we, we had to-we had to kiss his hand.	√				It is a substitution <b>[wewu] - when would</b>
PH/INS/S.01/D.17	Dr. Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) wewu, <b>[when would] whenever he would</b> , after ( <i>3-sec pause</i> ) whenever he( <i>pain</i> ) whenever he hit us, afterward we, we had to-we had to kiss his hand.		√			It is an insertion <b>When would - whenever he would</b>
BL/DEL/S.01/D.18	Dr.Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) wewu, when would-whenever he would, <b>[after]</b> ( <i>3-sec pause</i> ) whenever he( <i>pain</i> ) whenever he hit us, afterward we, we had to-we had to kiss his hand.			√		It is a deletion <b>After - (blank)</b>
PH/REP/S.01/D.19	Dr.Jung : Why do you think you saw that? Sabina : ( <i>slowly</i> ) wewu, when would-whenever he would, after ( <i>3-sec pause</i> ) <b>[whenever he](pain) whenever he</b> hit us, afterward we, we had to-we had to kiss his hand.				√	It is a repetition. <b>Whenever he – whenever he</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
PH/REP/S.01/D.20	Dr.Jung : Why do you think you saw that? Sabina : <i>(slowly)</i> wewu, when would-whenever he would, after (3-sec pause) whenever he( <i>pain</i> ) whenever he hit us, afterward we, <b>[we had to] <u>we had to</u></b> kiss his hand.				√	It is a repetition. <b>We had to – we had to</b>
PW/REP/S.03/D.21	Sabina : My father thinks my mother doesn't love him. And he's right, she doesn't. Dr.Jung : How do you know? Sabina : My angel told me. Dr.Jung : What angel? Sabina : <b>[In] <u>inner</u></b> voice.				√	It is a repetition. <b>In – inner</b>
PH/REP/S.03/D.22	Dr.Jung : I have to go away for awhile. I'm sorry, we've just gotten started. Military service. We all have to do it. Just for a couple of weeks. Sabina : <i>(Angry)</i> It's a waste of time! I can't tell you whatever it is you want to know! <b>[You're just] <u>you're just</u></b> making me angry. And even if I could tell you, you'd be sorry you ever <i>(blocked)</i>				√	It is a repetition. <b>You're just –you're just</b>
WW/REP/S.03/D.23	Dr.Jung : <i>(hitting Sabina's mantle)</i> Sabina : <i>(Angry)</i> Would <b>[you] <u>you</u></b> , stop that!				√	It is a repetition. <b>You – you</b>
BL/DEL/S.06/D.24	Dr.Jung : Any preliminary observations? Sabina : Obviously, what's uppermost in her mind is her pregnancy. Dr.Jung : Good Sabina : And <b>[she's a little]</b> (3-sec pause) what's the word? Dr.Jung : Why don't we try a useful word invented "ambivalent."			√		It is a deletion. <b>She's a little – (blank)</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
BW/ <b>DEL</b> /S.06/D.25	Sabina : Can I ask you something? Dr.Jung : Of course. Sabina : Is she (2-sec pause / <i>[your]</i> ) wife?			√		It is a deletion. <b>(Your)</b> – (blank)
WW/ <b>REP</b> /S.08/D.26	Dr.Jung : Can you explain why your nights have been so bad? Sabina : I'm afraid. Dr.Jung : Of what? Sabina : There's something in the room. Something <b>[like]</b> (pause) <b>like</b> a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (pain) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.				√	It is a repetition.  <b>Like - like</b>
WW/ <b>REP</b> /S.08/D.27	Dr.Jung : Can you explain why your nights have been so bad? Sabina : I'm afraid. Dr.Jung : Of what? Sabina : There's something in the room. Something like (pause) like a cat, only it can speak. It gets into bed with me. <b>[Last] last</b> night, it suddenly whispered something in my ear. I couldn't hear what. But then, (pain) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.				√	It is a repetition.  <b>Last - last</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/REP/S.08/D.28	<p>Dr.Jung : Can you explain why your nights have been so bad?</p> <p>Sabina : I'm afraid.</p> <p>Dr.Jung : Of what?</p> <p>Sabina : There's something in the room. Something like (<i>pause</i>) like a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (<i>pain</i>) I felt it against my back. Something slimy <b>[like] [like] like</b> some kind of a mollusc, moving against my back. But when I- when I turned around, there was nothing there.</p>				√	<p>It is a repetition.</p> <p><b>Like - like</b></p>
PH/REP/S.08/D.29	<p>Dr.Jung : Can you explain why your nights have been so bad?</p> <p>Sabina : I'm afraid.</p> <p>Dr.Jung : Of what?</p> <p>Sabina : There's something in the room. Something like (<i>pause</i>) like a cat, only it can speak. It gets into bed with me. Last- last night, it suddenly whispered something in my ear. I couldn't hear what. But then, (<i>pain</i>) I felt it against my back. Something slimy like-like-like some kind of a mollusc, moving against my back. But <b>[when I] when I</b> turned around, there was nothing there.</p>				√	<p>It is a repetition.</p> <p><b>When I – when I</b></p>
BL/DEL/S.08/D.30	<p>Dr.Jung : Tell me about the first time you can remember being beaten by your father.</p> <p>Sabina : I suppose it was that my fourth. I'd broken <b>[a plate or]</b> (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off. And then, he came I, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I (<i>4-sec pause</i>)</p>			√		<p>It is a deletion</p> <p><b>A plate or – (blank)</b></p>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/ <b>REP</b> /S.08/D.31	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, [ <b>and</b> ] <u>and</u> he told me to go into the little room and take my clothes off. And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I (4-sec pause)				√	It is a repetition.  <b>And - and</b>
WW/ <b>REP</b> /S.08/D.32	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off. And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then [ <b>he</b> ] <u>he</u> hit me again. And then I (4-sec pause)				√	It is a repetition.  <b>He - he</b>
BL/ <b>DEL</b> /S.08/D.33	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off. And then, he came in, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. [ <b>And then I</b> ] (4-sec pause)			√		It is a deletion.  <b>And the I – (blank)</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
PH/REP/S.08/D.34	Dr.Jung : And did you continue to like it? Sabina : ( <i>crying</i> ) Yes! Yes! Before long, he only just had to say to me to go to the little room and <b>[I would] I would</b> start to get wet. When it came to my brothers or even just threatened that I'd have to go down and I wanted to lie down and touch myself. Later, at school, anything would, set it off, any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick. I had to come back right away, I was so excited. There's- there's no hope for me. I'm vile and filthy and corrupt. I must never be let out of here.				√	It is a repetition.  <b>I would – I would</b>
PH/REP/S.08/D.35	Dr.Jung : And did you continue to like it? Sabina : ( <i>crying</i> ) Yes! Yes! Before long, he only just had to say to me to go to the little room and I would- I would start to get wet. When it came to my brothers or even just threatened that I'd have to go down and I wanted to lie down and touch myself. Later, at school, anything would, set it off, any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick. I had to come back right away, I was so excited. <b>[There's] there's</b> no hope for me. I'm vile and filthy and corrupt. I must never be let out of here.				√	It is a repetition.  <b>There's – there's</b>
PH/INS/S.14/D.36	Sabina : Do you like Wagner? Dr.Jung : The music and the man, yes. Sabina : I'm very interested in the myth of Siegfried.The idea that something pure and heroic <b>[can come], can, can perhaps only come</b> from a sin, even a sin as dark as incest.		√			It is an insertion.  <b>Can come – can perhaps only come</b>



CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/REP/S.37/D.37	Dr.Jung : Whose idea was it for you to send me your dissertation? Sabina : The Herr Direktor. Dr. Jung : Yes, of course. Sabina : He kept insisting this was the kind of material you were looking <b>[for]for</b> your Yearbook				√	It is a repetition.  <b>For – for</b>
PH/SUB/S.38/D.38	Dr.Jung : You used to have a theory involving the impulse towards destruction and self-destruction, losing oneself. Sabina : Well, suppose we think of sexuality as fusion, losing oneself, as you say, but losing oneself <b>[in the other] in other words</b> , destroying one's own individuality.	√				It is a substitution  <b>In the other – in other words</b>
PH/REP/S.40/D.39	Sabina : <b>[He's] he's</b> trying to find some way forward so that we don't just have to tell our patients, "This is why you are the way you are. " He-he wants to be able to say, " We can show you what it is you might want to become." Freud : Playing God, in other words. We have no right to do that. The world is as it is. Understanding and accepting that is the way to psychic health.				√	It is a repetition.  <b>He's –he's</b>
WW/REP/S.40/D.40	Sabina : He's-he's trying to find some way forward so that we don't just have to tell our patients, "This is why you are the way you are. " <b>[He] he</b> wants to be able to say, " We can show you what it is you might want to become." Freud : Playing God, in other words. We have no right to do that. The world is as it is. Understanding and accepting that is the way to psychic health.				√	It is a repetition.  <b>He – he</b>

CODE	UTTERANCES	DISFLUENCY PATTERN				EXPLANATION
		SUB	INS	DEL	REP	
WW/REP/S.40/D.41	Sabina : That's not why I'm pleading his cause. [I] [I] <u>I</u> just feel that if you two don't find some way to co-exist, it will hold back the progress of psychoanalysis, perhaps indefinitely.				√	It is a repetition. <b>I - I</b>
WW/REP/S.43/D.42	Mrs.Jung : ` I expect you want a boy. Sabina : [ <b>No</b> ], <i>ah</i> , <b>no</b> , my husband and I both think we would prefer a girl.				√	It is a repetition. <b>No - no</b>
WW/REP/S.43/D.43	Mrs.Jung : You are taking patients now? Sabina : I've, pretty much decided to specialize in child psychology. I'm not sure if it's [ <b>a</b> ] <u>a</u> field he approves of. I haven't discussed it with him but...				√	It is a repetition. <b>A - a</b>
<b>TOTAL</b>		4	2	7	30	

### Appendix 3

#### Data Findings of the Causes of Disfluency Experienced by Sabina Spielrein Portrayed in *A Dangerous Method*

CONTEXT OF SITUATION
Sabina's father is a Jewish who is very strict in his life. He uses violence when he punishes his children. One of his children, Sabina is the most prominent example of his abuse. Sabina's conversion disorder in Sabina's adulthood is the effect of this abuse. Therefore, analyzing the confession of Sabina, Dr. Jung finds the root of her psychogenic stuttering, i.e. her trauma of the abuse.

**Note:** **D.01** : **Datum number 01**      **MA** : **Mental Abuse**  
**S.01** : **Scene 01**                              **SA** : **Sexual Abuse**  
**PA** : **Physical Abuse**                           **NE** : **Neglect**

CODE	UTTERANCES	DISFLUENCY CAUSES				EXPLANATION
		PA	MA	SA	NE	
MA/S.01/D.01	Dr.Jung : Have you any idea what may have brought on these attacks you suffer from? Sabina : ( <i>Pain</i> ) <b>Hu-hu-humiliation and</b> ( <i>pain</i> ) <b>an-any kind of-of humiliation.</b> Like, I can't bear to see it and [ <i>me miks me</i> ] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. He was always-he's always angry with me ( <i>7-sec pause</i> )		√			Sabina's feeling of humiliation is actually included as the phenomenon of self-blame. In fact, this phenomenon of self-blame is the effect of a mental abuse. Therefore, this statement represents that there is a mental abuse that happened in Sabina's past that caused her to be like this.

CODE	UTTERANCES	DISFLUENCY CAUSES				EXPLANATION
		PA	MA	SA	NE	
NE/S.01/D.02	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind of-of humiliation. Like, I can't bear to see it and [<i>me miks me</i>] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. <b>My f-my f-my father lost his-his temper all the time.</b> He was always-he's always angry with me (<i>7-sec pause</i>)</p>				√	The phenomenon of child neglect happens when the parents fail to provide the child's physical and mental basic needs. Thus, the statement of Sabina that her father lost temper all the time shows that her father never loves and cares about her. Therefore, her father failed to provide love and care, which were his daughter's mental basic needs.
MA/S.01/D.03	<p>Dr.Jung : Have you any idea what may have brought on these attacks you suffer from?</p> <p>Sabina : (<i>Pain</i>) Hu-hu-humiliation and (<i>pain</i>) an-any kind of-of humiliation. Like, I can't bear to see it and [<i>me miks me</i>] makes me feel-feel nauseated. I start pouring with sweat cold, sweat. My f-my f-my father lost his-his temper all the time. <b>He was always-he's always angry with me</b> (<i>7-sec pause</i>)</p>		√			When Sabina said that his father always angry, it shows that Sabina's father always makes Sabina uncomfortable in her childhood life. Sabina never feels peaceful and secure. Therefore, this is a kind of mental abuse that happened in Sabina's life.
PA/S.01/D.04	<p>Dr.Jung : When you stopped talking just now, did a thought come into your head?</p> <p>Sabina : I, <i>ya, ya</i>, I I don't know...</p> <p>Dr.Jung : Was it an image?</p> <p>Sabina : Yes, (<i>slowly</i>) yes</p> <p>Dr.Jung : What was the image?</p> <p>Sabina : <b>It was- it was (<i>loudly</i>) a hand. My f-my f- my father's (<i>loudly</i>) hand.</b></p>	√				<i>My father's hand</i> here is a symbol of her father's physical abuse. Her father usually hits her and this is still in Sabina's memory.

CODE	UTTERANCES	DISFLUENCY CAUSES				EXPLANATION
		PA	MA	SA	NE	
PA/S.01/D.05	Dr. Jung : Why do you think you saw that? Sabina : <i>(slowly) [wewu]</i> , when would-whenever he would, after <i>(3-sec pause)</i> whenever he <pain) <b="">whenever he hit us, afterward we, we had to-we had to kiss his hand.</pain)>	√				It shows that Sabina's father usually hits his children, including Sabina and commands them to kiss his hand after they are beaten.
NE/S.03/D.06	Sabina : <b>My father thinks my mother doesn't love him. And he's right, she doesn't.</b> Dr.Jung : How do you know? Sabina : My angel told me.				√	When Sabina said that his parents do not love each other, it shows that Sabina's parents fail to provide a good example how to love each other. Therefore, this act is a kind of child neglect in Sabina's childhood life.
PA/S.08/D.07	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or <i>(2-sec pause)</i> oh, yes, and-and <b>he told me to go into the little room and take my clothes off.</b> And then, he came I, and spanked me. And then, I was so frightened that I wet myself and then he-he hit me again. And then I <i>(4-sec pause)</i>	√				At first, it seems that this statement is a representation of the child sexual abuse. However, Sabina's father does not intend to use her daughter sexually, he only punishes her with taking her daughter clothes off. Therefore, this statement represents in physical abuse rather than sexual abuse.
PA/S.08/D.08	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or <i>(2-sec pause)</i> oh, yes, and-and he told me to go into the little room and take my clothes off. <b>And then, he came in, and spanked me.</b> And then, I was so frightened that I wet myself and then he-he hit me again. And then I <i>(4-sec pause)</i>	√				Spank is an act of hit somebody, especially a child, several times on their bottom as a punishment. Therefore, it obviously represents how Sabina's father abuse her daughter physically.

CODE	UTTERANCES	DISFLUENCY CAUSES				EXPLANATION
		PA	MA	SA	NE	
MA/S.08/D.09	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off. And then, he came I, and spanked me. And then, <b>I was so frightened that I wet myself</b> and then he-he hit me again. And then I (4-sec pause)		√			The statement " <i>I was so frightened that I wet myself</i> " shows that Sabina's fear from her father's physical abuse is very high. On the other hand, her father who knows her daughter is very frightened still hit her daughter repeatedly. Therefore, her father not only abuses her physically but also mentally. .
PA/S.08/D.10	Dr.Jung : Tell me about the first time you can remember being beaten by your father. Sabina : I suppose it was that my fourth. I'd broken a plate or (2-sec pause) oh, yes, and-and he told me to go into the little room and take my clothes off. And then, he came I, and spanked me. And then, I was so frightened that I wet myself and then <b>he-he hit me again</b> . And then I (4-sec pause)	√				It is obviously the example how Sabina's father abuses her daughter physically. He hits her daughter repeatedly even though he knows that her daughter is very frightened until she wets herself.
MA/S.08/D.11	Dr.Jung : And did you continue to like it? Sabina : (crying) Yes! Yes! <b>Before long, he only just had to say to me to go to the little room and I would- I would start to get wet.</b> When it came to my brothers or even just threatened that I'd have to go down and I wanted to lie down and touch myself. Later, at school, anything would, set it off, any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick. I had to come back right away, I was so excited. There's- there's no hope for me. I'm vile and filthy and corrupt. I must never be let out of here.		√			When parents know that their children have trauma towards something, the normal parent usually avoid it so this can make their children better. However, when Sabina's father know that her daughter has trauma when she goes to the little room, he still does it. Therefore, it represents how Sabina's father indirectly abuses her mentally.

CODE	UTTERANCES	DISFLUENCY CAUSES				EXPLANATION
		PA	MA	SA	NE	
MA/S.08/D.12	Dr.Jung : And did you continue to like it? Sabina : ( <i>crying</i> ) Yes! Yes! Before long, he only just had to say to me to go to the little room and I would- I would start to get wet. When it came to my brothers or even just threatened that I'd have to go down and I wanted to lie down and touch myself. Later, at school, anything would, set it off, any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick. I had to come back right away, I was so excited. There's- there's no hope for me. <b>I'm vile and filthy and corrupt.</b> I must never be let out of here.		√			The feeling of vile, filthy, and corrupt is actually a kind of self-blame that happened to Sabina. Therefore, although it does not directly represent how Sabina's parents abuse her daughter mentally, it is evidence that the mental abuse is happened in Sabina's childhood.
TOTAL		5	5	0	2	

**Appendix 4****SURAT PERNYATAAN TRIANGULASI**

Yang bertanda tangan di bawah ini, saya:

Nama : Ratih Santi Mianawati

NIM : 08211141027

Program Studi : Bahasa dan Sastra Inggris

Fakultas : Bahasa dan Seni

menyatakan bahwa telah melakukan triangulasi data pada karya tulis ilmiah (skripsi) dari mahasiswa:

Nama : Anggie Ray Salvatore

NIM : 08211144021

Program Studi : Bahasa dan Sastra Inggris

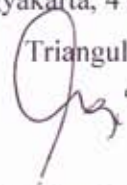
Fakultas : Bahasa dan Seni

Judul : A DISFLUENCY ANALYSIS OF PSYCHOGENIC STUTTERING  
EXPERIENCED BY A PATIENT OF CONVERSION DISORDER  
IN *A DANGEROUS METHOD* MOVIE

Demikian surat ini saya buat. Semoga dapat digunakan sebagaimana mestinya.

Yogyakarta, 4 April 2013

Triangulator,



Ratih Santi Mianawati



### SURAT PERNYATAAN TRIANGULASI

Yang bertanda tangan di bawah ini, saya:

Nama : Muhammad Basir  
NIM : 08211141028  
Program Studi : Bahasa dan Sastra Inggris  
Fakultas : Bahasa dan Seni

menyatakan bahwa telah melakukan triangulasi data pada karya tulis ilmiah (skripsi) dari mahasiswa:

Nama : Angie Ray Salvatore  
NIM : 08211144021  
Program Studi : Bahasa dan Sastra Inggris  
Fakultas : Bahasa dan Seni  
Judul : A DISFLUENCY ANALYSIS OF PSYCHOGENIC STUTTERING  
EXPERIENCED BY A PATIENT OF CONVERSION DISORDER  
IN *A DANGEROUS METHOD* MOVIE

Demikian surat ini saya buat. Semoga dapat digunakan sebagaimana mestinya.

Yogyakarta, 4 April 2013

Triangulator,

Muhammad Basir